

# Kentucky Department of Insurance



## Consumer Guide to Medicare Supplement Insurance



*Printed with state funds*

# **Consumer Guide to Medicare Supplement Insurance**

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## About this consumer guide

The Kentucky Department of Insurance has developed this new consumer guide providing the first detailed comparison of rates that insurance companies charge for Medicare Supplement or Medigap coverage in Kentucky.

The department appreciates the insurance companies that voluntarily replied to our requests for these rates. This guide allows us to provide valuable rate

comparisons to all consumers.

We hope all companies will join in this project in the future. We plan to update the rate comparisons during the year. In the limited instances where companies did not respond or provide the requested rate information, they are not listed in this guide.

### Tips for purchasing Medicare Supplement Insurance

- It is illegal for an insurer to sell a consumer more than one Medicare Supplement policy. When replacing your existing policy, do not cancel the old one until the new one is in force. Be sure to state in the application that you wish to replace your old policy.
- Answer all health questions accurately.
- Remember that you have a 30-day “free look” period during which you can return the policy for a full refund.
- Always write a check payable to the company, not the insurance agent. Do not pay in cash.
- Policies sold after 1992 are standardized. This means a Plan F from one company will have the same benefits as a Plan F from another company. Policies issued prior to 1992 may differ somewhat from company to company.

# How to use this guide

The most valuable part of this guide is the list of Medicare Supplement or Medigap rates charged by insurance companies doing business in Kentucky.

It is important to recognize that companies offer this insurance in certain areas of the state, either by county or by zip code.

As you begin searching for your choices of

companies, you will need to search the list both ways, by zip code and county.

In addition, a number of companies offer plans throughout Kentucky. Decide what type of plan you want. You have the choice of 12 standardized plans listed as Plans A-J, including high deductible

Plans F and J. Please refer to the two publications of the Health Care

Financing Administration (HCFA) to help you with information related to this decision: *Medicare Supplemental Insurance (Medigap) Policies and Protections and Guide to Health Insurance for People with*

*Medicare*. These guides are available from the Department of Insurance by calling 1-800-595-6053, 1-800-462-

2081 TTY, or by logging on by computer to [www.medicare.gov](http://www.medicare.gov).

Once you narrow down the companies offering the best rates and plans in your area, you can call the company directly for more information. We have included contact information and a phone number for each company.

**Disclaimer:** The Kentucky Department of Insurance compiled this information from rates quoted by the companies. The companies are responsible for accuracy. Please be aware that rates are subject to change. The consumer may consider contacting the company or local insurance agent to verify rates.

# Frequently asked questions

*Q: What is Medicare Supplemental or Medigap insurance?*

A: This is private insurance you can buy to help fill the gaps in Medicare coverage provided by the federal government. All of the information provided in this guide relates to this kind of private insurance.

*Q: What is Medicare SELECT?*

A: This is one type of Medicare Supplemental or Medigap plan where you can choose from Plans A through J but you agree to use a restricted network of participating providers to get your full benefits. The exception to using this network is in an emergency for covered services.

*Q: What is a Medicare HMO?*

A: Your Medicare benefits are managed by a Health

Maintenance Organization (HMO) and you receive benefits from the HMO. These plans do not provide standardized Medicare supplement coverage. Many of these plans provide additional benefits such as prescription

drugs, vision, dental and hearing care. These plans are regulated by the Health Care

Financing Administration (HCFA) and not by the Kentucky Department of Insurance.

*Q: Why aren't there any Medicare HMOs in my county?*

A: Medicare HMOs are available only in the counties of Boone, Bullitt, Campbell, Jefferson, Kenton, and Oldham at this time. Medicare HMOs are regulated by the federal government and must meet strict requirements in order to offer their

Some people under the age of 65 are eligible for Medicare Supplement Insurance due to disability or other conditions. Call the Department for more information.

plans in your area. Each year, an HMOs must decide whether to continue its contracts, adjust premiums and benefits, or decline to renew its contracts. Some HMOs have chosen not to make their plans available in some counties.

*Q: What do you think of Medicare HMOs? Should I enroll in one?*

A: The department cannot offer opinions or rate HMOs or insurance companies. But consider your needs and what's best for your health when making this decision. Medicare HMOs are regulated by (HCFA) Health Care Financing Administration. HMOs typically have fewer out-of-pocket expenses. Be aware though that you will be required to use participating providers. Most of these plans will also require you to obtain referrals from your primary

care physician before you see a specialist.

*Q: Which Medicare Supplement or Medigap policy is best? Do you rate them?*

A: By law, the Kentucky Department of Insurance cannot rate policies. However, *A.M. Best Company* does provide financial rating information. The A.M. Best ratings are found at many public libraries and may be accessible to your insurance agent. You can also obtain this information by calling our office.

Providers may not always file claims on Medicare Supplement Insurance. It is your responsibility to make sure claims are filed.

*Q: Why are my choices limited to certain companies and certain plans?*

A: Private insurance companies have made business decisions regarding where to offer coverage. These areas of coverage are decided by county or zip code. (This listing of companies by county or zip code appears later in this guide.) Regarding the choice of plans, insurers must offer Plan A, but all others are optional.

*Q: How may I purchase a plan?*

A: Companies may sell directly to the consumer while others sell only through insurance agents licensed to market their product.

You can reach the federal government's Medicare office at 1-800-MEDICAR (1-800-633-4227) or its web site at [www.medicare.gov](http://www.medicare.gov).

You can reach the Kentucky Department of Insurance at 1-800-595-6053 Hearing-impaired can call 1-800-462-2081 or visit our web site at [www.doi.state.ky.us](http://www.doi.state.ky.us).

**The Kentucky Department of Insurance does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, upon request, reasonable accommodation, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in services, programs and activities.**

## Some terms to know

**Medicare** - This is a federal insurance program for people age 65 and older, certain disabled people under 65, and certain people with permanent kidney failure.

**Medicare+Choice** - These plans receive a prepaid monthly sum per beneficiary from the federal government to provide care to each beneficiary. Enrollees must use a restricted provider network within the provider's health plan. The benefits include services available under Medicare and some supplement benefits.

**Medicare HMOs** - If you purchase a Medicare Health Maintenance Organization (HMO) plan, you assign your Medicare benefits to the HMO and you receive benefits from the HMO. These plans do not provide standardized Medicare supplement coverage. Many of these plans provide additional benefits such as prescription drugs, vision, dental and hearing care. These plans are regulated by the Health Care Financing Administration (HCFA), not the Kentucky Department of Insurance.

**Medicare Select** - These are standardized Medicare Supplement plans with restricted provider networks. You must go to a participating provider network, except in emergency situations.

**Medicare Supplement Insurance** - This is also known as Medigap. This insurance pays for coverage not provided by Medicare. Medicare Supplement insurance is not a duplication of Medicare and may pay part of the deductibles, co-payments, services and expenses not covered by Medicare.

**Open enrollment** - The six-month period following enrollment in Medicare Part B. If you are covered by your employer's health coverage and turn 65, your enrollment in Medicare Part B can be delayed until you retire. The insurance company or HMO cannot deny your coverage (regardless of your health condition) and cannot apply any pre-existing condition exclusions or waiting periods. You receive coverage immediately.

# Worksheet

Determine what companies have plans available for you. Some companies sell statewide and are listed on this page for your convenience. Other companies are available in specific areas, listed by zip code or county later in this booklet. Please use the worksheet to list your choices. This will create your “shopping list.”

## **Companies selling statewide:**

AFBA Life Insurance Co.

American Republic Insurance Co.

Anthem Health Plans of Kentucky, Inc.

Bankers Life and Casualty Co.

Central Benefits National Life Insurance Co.

Central States Health & Life Co. of Omaha

Combined Insurance Co. of America

GE Life and Annuity Assurance Co.

Guarantee Trust Life Insurance Co.

Life Investors Insurance Co. of America

Monumental Life Insurance Co.

National States Insurance Co.

Order of United Commercial Travelers

Oxford Life Insurance Co.

Peoples Benefit Life Insurance Co.

Reserve National Insurance Co.

Standard Life and Accident Insurance Co.

State Farm Mutual Auto Insurance Co.

United Healthcare Insurance Co.

USAA Life Insurance Co.

World Insurance Co.

## **Companies selling in my zip code:**

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**Companies selling in my county:**

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Now that you have made your list of available companies, you will need to consider the following to narrow down your choices:

What plan(s) am I interested in? *Mark all that apply.*

Plan A

Plan B

Plan C

Plan D

Plan E

Plan F

Plan G

Plan H

Plan I

Plan J

High deductible F

High deductible J

To assist you in selecting the plan most suitable for your situation, refer to the *Chart of Standardized Medigap Plans* located in publications from NCFA. If you do not have a copy, call the Department of Insurance at 1-800-595-6053 to request one or go to [www.medicare.gov](http://www.medicare.gov).

**Understanding the company charts:** The company listings are explained here, beginning with how rates are decided by community rating, issue age, attained age, and more.

**What rating method does each company use?**

Companies have three different ways of determining a price for your policy based on age. Rates may also vary by area, by whether you smoke, or by gender.

*Community rating* (also called *no age rating*): The premium is the same for all customers who buy this policy, regardless of age. As the overall age of the membership increases, rates will be adjusted accordingly.

*Issue age:* Premiums are calculated based on your age at the time of purchase. Premiums may increase because of inflation, but not because you get older.

*Attained age:* Your initial premium is based on your age at the time of purchase. However, as you get older, your premiums will increase. Inflationary factors also may increase your premiums.

Remember, any of these methods will probably increase rates over time due to health care inflation and claims experience. Increases must be approved by the Department of Insurance, with the exception of the automatic age-related rate increase in attained age policies.

My preference: Community/No age  Issue  Attained

### **Which companies offer discounts?**

Companies may offer discounts for non-smokers, members of military groups, automatic bank draft or electric fund transfer payments, etc. Be sure to factor in those that apply to your situation.

Discounts I would qualify for: \_\_\_\_\_

### **Is the policy guaranteed issue or underwritten?**

If a policy is guaranteed issue, this means you cannot be turned down. Underwritten means a company will consider your medical history in determining whether or not to issue a policy to you. The separate HCFA guides provide more details if needed about guaranteed issue.

My preference, if applicable:      Guaranteed issue       Underwritten

### **What is the company's marketing approach?**

Some companies sell directly to the consumer (direct mail) while others sell through a network of agents. In most cases, you will want to contact the company for more information.

My preference:      Agent       Direct Mail

### **What about pre-existing condition exclusions?**

Again, review the HCFA material to see if this applies to you. In the company listings at the back of this booklet, companies have noted how they handle pre-existing conditions.

Will this affect my decision? Yes  No

### **What does the company listing mean where it says "uninsured benefits description"?**

Plans H, I and J include prescription benefits; some companies offer discounted drug programs for other plans. Other special benefits may be offered. This category will include details about those extra benefits.

What extra benefits are important to me? \_\_\_\_\_



**Did the company list notes of interest?**

If any of these will be significant in your decision, please note the company and the note below for your reference.

Company \_\_\_\_\_ Note to remember \_\_\_\_\_

Company \_\_\_\_\_ Note to remember \_\_\_\_\_

Company \_\_\_\_\_ Note to remember \_\_\_\_\_

By now, you should have narrowed down your list of companies to choose from, based on the specifics of the listings and your personal needs. It's time to start looking at prices. In the first column, list the companies that offer the standardized plan and other factors that meet your needs. (Be sure you are comparing the same Plan.) In the second column, list the premium cost.

Company	Premium
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By law, the Kentucky Department of Insurance cannot rate policies. However, A.M. Best Company, as well as others, provides financial rating information. These ratings are found at many public libraries or may be accessible through your local insurance agent. You also may obtain this information by calling the department at 1-800-595-6053, or 1-800-462-2081 for the hearing-impaired.

If you still have questions, contact the companies directly at the numbers listed in this booklet; or, contact your local insurance agent.

Remember, annual premiums  
are listed.

All rates effective 2001

<b>Medigap Benefits</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F*</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J*</b>	
Basic Benefits	X	X	X	X	X	X	X	X	X	X	
Part A: Inpatient Hospital Deductible		X	X	X	X	X	X	X	X	X	
Part A: Skilled Nursing Facility Co-insurance			X	X	X	X	X	X	X	X	
Part B: Deductible			X			X				X	
Foreign Travel Emergency			X	X	X	X	X	X	X	X	
At-home Recovery				X			X		X	X	
Part B: Excess Charges						100%	80%		100%	100%	
Preventive Care					X					X	
Prescription Drugs									X Basic coverage	X Basic coverage	X Extended coverage

\*Plans F and J also have a high deductible option.

**Look at the chart above to determine which plans cover what benefits.**

Policies sold after 1992 are standardized. This means that a Plan F from one company will have the same benefits as Plan F from another company.

It is illegal for the insurer to sell a consumer more than one Medicare Supplement policy.

**Basic benefits in all plans:**

1. Cover Part A co-insurance and the cost of 365 extra days of hospital care during your lifetime after Medicare coverage ends.
2. Cover Part B co-insurance.
3. Cover the first three pints of blood each year.

## **Explanation of Medigap Benefits**

**Part A Inpatient Hospital Deductible:** This amount may change annually, but must be paid at the time of the first admission during a Benefit Period. The amount for 2001 is \$792.

**Part A Skilled Nursing Facility Co-insurance:** For the first 20 days Medicare pays in full. From the 21<sup>st</sup> day through the 100<sup>th</sup> day, there is a \$97 per day co-payment that must be paid by the patient.

**Part B Deductible:** This is an annual payment that the patient must pay prior to receiving benefits offered by Part B. It is currently \$100.00.

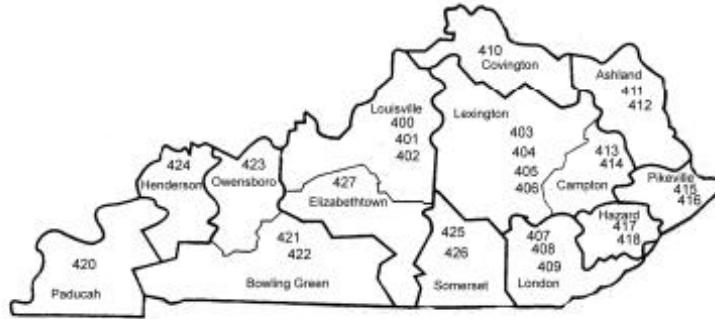
**Foreign Travel Emergency:** This benefit pays for emergency care outside the United States beginning the first 60 days of each trip. There is a \$250 deductible, then the benefit pays 80% of the cost, up to \$50,000 in your lifetime.

**At-Home Recovery:** Provides coverage for at-home help with activities of daily living, such as bathing, dressing, eating, etc., in addition to Medicare-covered home health visits. Covers home health care for up to 8 weeks after skilled care is no longer needed. Covers up to \$1,600 each year.

**Part B Excess Charges:** Provides coverage for Part B excess charges when the physician charges more than Medicare will pay. Physicians who accept assignment will not charge more.

**Preventive Care:** Provides coverage of up to \$120 per year for preventive care services

**Prescription Drugs:** Provides coverage for prescription drugs not covered by Medicare. There is an annual \$250 deductible that must be paid by the patient before benefits can be received. Plans H and I pay 50% of the first \$2,500 in prescription charges and Plan J pays 50% of the first \$6,000 in charges.



## HOW TO LOCATE AN INSURANCE COMPANY IN YOUR AREA

### **Step 1**

Locate the first 3 digits of your ZIP Code on the map above

### **Step 2**

Got to the ZIP Code Prefix Chart to see which companies write insurance in your area.

### **OR:**

Look at the list of companies that write insurance in all areas of Kentucky.

### **Step 3**

Locate the company information that shows the rates for the various plans available in your area.

## KENTUCKY ZIP CODE PREFIXES

### **FOR EXAMPLE:**

Joe Smith is 67 years of and lives in Corbin, KY, ZIP Code 40701. His ZIP prefix is 407. According to the Zip Code Prefix Chart, the companies that write insurance in his area are:

Central Benefits National Life Insurance Co.  
Conseco Direct Life Insurance Co.  
Continental General Insurance Co.  
Pyramid Life Insurance Co.

**INSURANCE COMPANIES AND HMOs OFFERING STANDARD MEDICARE  
SUPPLEMENT INSURANCE PLANS IN KENTUCKY**

AMERICAN REPUBLIC INS CO  
ANTHEM HEALTH PLANS OF KENTUCKY INC  
BANKERS FIDELITY LIFE INS CO  
BANKERS LIFE AND CASUALTY INS CO  
CENTRAL BENEFITS NATIONAL LIFE INS CO  
CENTRAL STATES HEALTH AND LIFE CO OF OMAHA  
COMBINED INS CO OF AMERICA  
CONSECO DIRECT LIFE INS CO  
CONSTITUTION LIFE INS CO  
CONTINENTAL GENERAL INS CO  
CONTINENTAL LIFE INS CO  
EQUITABLE LIFE AND CASUALTY INS CO  
GE LIFE AND ANNUITY ASSURANCE CO  
GUARANTEE TRUST LIFE INS CO  
LIFE INVESTORS INS CO OF AMERICA  
MONUMENTAL LIFE INS CO  
MUTUAL OF OMAHA INS CO  
NATIONAL STATES INS CO  
ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA  
OXFORD LIFE INS CO  
PEOPLES BENEFIT LIFE INS CO  
PHYSICIANS MUTUAL INS CO  
PYRAMID LIFE INS CO  
RESERVE NATIONAL INS CO  
STANDARD LIFE AND ACCIDENT INS CO  
STATE FARM INS CO  
STATE MUTUAL INS CO  
UNICARE LIFE AND HEALTH INS CO  
UNITED AMERICAN INS CO  
UNITED HEALTHCARE INS CO (AARP)  
USAA LIFE INS CO  
WORLD INS CO

## **MEDICARE PLUS CHOICE ORGANIZATIONS IN KENTUCKY**

ANTHEM HEALTH PLANS OF KENTUCKY INC  
STERLING LIFE INSURANCE CO

## **INSURANCE COMPANIES AND HMOs OFFERING STANDARD AND MEDICARE SELECT PLANS IN KENTUCKY**

GUARANTEE TRUST LIFE INS CO  
MUTUAL OF OMAHA INS CO  
MUTUAL PROTECTIVE INS CO  
PYRAMID LIFE INS CO  
STATE MUTUAL INS CO  
UNITED HEALTHCARE INS CO  
ANTHEM BLUE CROSS BLUE SHIELD

## **INSURANCE COMPANIES OFFERING GROUP STANDARD MEDICARE SUPPLEMENT INSURANCE IN KENTUCKY**

ANTHEM HEALTH PLANS OF KENTUCKY INC  
CENTRAL BENEFITS NATIONAL LIFE INS CO  
CENTRAL STATES HEALTH AND LIFE CO OF OMAHA  
GUARANTEE TRUST LIFE INS CO  
LIFE INVESTORS INS CO OF AMERICA  
MONUMENTAL LIFE INS CO  
OXFORD LIFE INS CO  
UNITED AMERICAN INS CO

# **ZIP CODE PREFIX**

**PREFIX****INSURANCE COMPANY**

400

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
CONTINENTAL LIFE INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

401

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
CONTINENTAL LIFE INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

402

**PREFIX****INSURANCE COMPANY**

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
CONTINENTAL LIFE INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

403

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

404

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO

**Revised    04/12/2001**

**PREFIX****INSURANCE COMPANY**

MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

405

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

406

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO

**Revised    04/12/2001**

**PREFIX****INSURANCE COMPANY**

407

UNICARE LIFE AND HEALTH INSURANCE CO

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

408

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

409

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO

**PREFIX****INSURANCE COMPANY**

MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

410

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

411

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO

**PREFIX****INSURANCE COMPANY**

STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

412

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

413

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

414

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO

**Revised    04/12/2001**

**PREFIX****INSURANCE COMPANY**

EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

415

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

416

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO

**Revised    04/12/2001**

**PREFIX****INSURANCE COMPANY**

STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

417

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

418

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

420

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO

**PREFIX****INSURANCE COMPANY**

EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

421

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

422

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO

**Revised    04/12/2001**

**PREFIX****INSURANCE COMPANY**

STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

423

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

424

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

425

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO

**Revised    04/12/2001**

**PREFIX****INSURANCE COMPANY**

CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

426

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

427

BANKERS FIDELITY LIFE INSURANCE CO  
CONSECO DIRECT LIFE INSURANCE CO  
CONTINENTAL GENERAL INSURANCE CO  
EQUITABLE LIFE AND CASUALTY INSURANCE CO  
MUTUAL OF OMAHA INSURANCE CO  
MUTUAL PROTECTIVE INSURANCE CO  
NATIONWIDE LIFE INSURANCE CO  
PHYSICIANS MUTUAL INSURANCE CO  
PYRAMID LIFE INSURANCE CO  
STATE MUTUAL INSURANCE CO

**Revised    04/12/2001**

**PREFIX**

**INSURANCE COMPANY**

STERLING INVESTORS LIFE INSURANCE CO  
UNICARE LIFE AND HEALTH INSURANCE CO

# COUNTY CHART

COUNTY	INSURANCE COMPANY
ADAIR	STERLING LIFE INSURANCE COMPANY
ALLEN	STERLING LIFE INSURANCE COMPANY
ANDERSON	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
BALLARD	STERLING LIFE INSURANCE COMPANY
BARREN	STERLING LIFE INSURANCE COMPANY
BATH	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
BELL	STERLING LIFE INSURANCE COMPANY
BOONE	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
BOURBON	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
BOYD	STERLING LIFE INSURANCE COMPANY
BOYLE	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
BRACKEN	STERLING LIFE INSURANCE COMPANY

Revised    04/12/2001

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
BREATHITT	UNITED HEALTHCARE INSURANCE COMPANY
BRECKINRIDGE	STERLING LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
BULLITT	UNITED HEALTHCARE INSURANCE COMPANY
	PYRAMID LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
BUTLER	
	STERLING LIFE INSURANCE COMPANY
CALDWELL	
	PYRAMID LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
CALLOWAY	
	STERLING LIFE INSURANCE COMPANY
CAMPBELL	
	PYRAMID LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
CARLISLE	
	STERLING LIFE INSURANCE COMPANY
CARROLL	
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
CARTER	
	STERLING LIFE INSURANCE COMPANY
CASEY	
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
CHRISTIAN	
	STERLING LIFE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
CLARK	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
CLAY	STERLING LIFE INSURANCE COMPANY
CLINTON	STERLING LIFE INSURANCE COMPANY
CRITTENDEN	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
CUMBERLAND	STERLING LIFE INSURANCE COMPANY
DAVIESS	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
EDMONSON	STERLING LIFE INSURANCE COMPANY
ELLIOTT	STERLING LIFE INSURANCE COMPANY
ESTILL	STERLING LIFE INSURANCE COMPANY
FAYETTE	PYRAMID LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
FLEMING	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
FLOYD	STERLING LIFE INSURANCE COMPANY
FRANKLIN	STERLING LIFE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
FULTON	UNITED HEALTHCARE INSURANCE COMPANY
GALLATIN	STERLING LIFE INSURANCE COMPANY
	PYRAMID LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
GARRARD	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
GRANT	PYRAMID LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
GRAVES	STERLING LIFE INSURANCE COMPANY
GRAYSON	STERLING LIFE INSURANCE COMPANY
GREEN	UNITED HEALTHCARE INSURANCE COMPANY
GREENE	STERLING LIFE INSURANCE COMPANY
GREENUP	STERLING LIFE INSURANCE COMPANY
HANCOCK	STERLING LIFE INSURANCE COMPANY
HARDIN	STERLING LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY
	UNITED HEALTHCARE INSURANCE COMPANY
HARLAN	STERLING LIFE INSURANCE COMPANY
HARRISON	STERLING LIFE INSURANCE COMPANY
	STERLING LIFE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
HART	UNITED HEALTHCARE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
HENDERSON	UNITED HEALTHCARE INSURANCE COMPANY PYRAMID LIFE INSURANCE COMPANY
HENRY	STERLING LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
HICKMAN	UNITED HEALTHCARE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
HOPKINS	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
JACKSON	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
JEFFERSON	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
JESSAMINE	UNITED HEALTHCARE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
JOHNSON	UNITED HEALTHCARE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
KENTON	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
KNOTT	UNITED HEALTHCARE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
KNOX	STERLING LIFE INSURANCE COMPANY
LARUE	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
LAUREL	STERLING LIFE INSURANCE COMPANY
LAWRENCE	STERLING LIFE INSURANCE COMPANY
LEE	STERLING LIFE INSURANCE COMPANY
LESLIE	STERLING LIFE INSURANCE COMPANY
LETCHER	STERLING LIFE INSURANCE COMPANY
LEWIS	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
LINCOLN	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
LIVINGSTON	STERLING LIFE INSURANCE COMPANY
LOGAN	STERLING LIFE INSURANCE COMPANY
LYON	STERLING LIFE INSURANCE COMPANY
MADISON	STERLING LIFE INSURANCE COMPANY PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
MAGOFFIN	STERLING LIFE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
MARION	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
MARSHALL	STERLING LIFE INSURANCE COMPANY
MARTIN	STERLING LIFE INSURANCE COMPANY
MASON	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
MCCRACKEN	STERLING LIFE INSURANCE COMPANY
MCCREARY	STERLING LIFE INSURANCE COMPANY
MCLEAN	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
MEADE	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
MENIFEE	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
MERCER	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
METCALFE	STERLING LIFE INSURANCE COMPANY
MONROE	STERLING LIFE INSURANCE COMPANY
MONTGOMERY	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
MORGAN	STERLING LIFE INSURANCE COMPANY
MUHLENBERG	STERLING LIFE INSURANCE COMPANY
NELSON	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
NICHOLAS	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
OHIO	STERLING LIFE INSURANCE COMPANY
OLDHAM	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
OWEN	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
OWSLEY	STERLING LIFE INSURANCE COMPANY
PENDLETON	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
PERRY	STERLING LIFE INSURANCE COMPANY
PIKE	STERLING LIFE INSURANCE COMPANY
POWELL	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY

**Revised      04/12/2001**

<b>COUNTY</b>	<b>INSURANCE COMPANY</b>
PULASKI	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
ROBERTSON	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
ROCKCASTLE	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
ROWAN	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
RUSSELL	STERLING LIFE INSURANCE COMPANY
SCOTT	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
SHELBY	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
SIMPSON	STERLING LIFE INSURANCE COMPANY
SPENCER	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
TAYLOR	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
TODD	STERLING LIFE INSURANCE COMPANY
TRIGG	

**Revised      04/12/2001**

COUNTY	INSURANCE COMPANY
TRIMBLE	STERLING LIFE INSURANCE COMPANY
UNION	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
WARREN	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
WASHINGTON	STERLING LIFE INSURANCE COMPANY
WAYNE	STERLING LIFE INSURANCE COMPANY
WEBSTER	PYRAMID LIFE INSURANCE COMPANY STERLING LIFE INSURANCE COMPANY
WHITLEY	STERLING LIFE INSURANCE COMPANY
WOLFE	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY
WOODFORD	STERLING LIFE INSURANCE COMPANY UNITED HEALTHCARE INSURANCE COMPANY

# **AFBA LIFE INSURANCE COMPANY**

**MAILING ADDRESS** 909 NORTH WASHINGTON ST  
**CITY** ALEXANDRIA **STATE VA** **ZIP** 22314-

**TELEPHONE** (703) 706-5975

**DESCRIPTION OF PRE- 6 MONTHS EXISTING EXCLUSION**      **DESCRIPTION OF UNINSURED BENEFITS**      **NOTES**

### **DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

### **RATING METHODS**

ATTAINED AGE   
ISSUE AGE   
COMMUNITY RATED

### **AVAILABILITY**

GUARANTEED ISSUE   
UNDERWRITTEN

### **MARKETING APPROACH**

AGENT MARKETED   
DIRECT MAIL

**AFBA LIFE INSURANCE COMPANY****Annual Rates****Non-smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 600	828	912	888	924	1176	1104	2196	1968	3708		
66	\$ 612	852	936	912	948	1212	1128	2256	2028	3816		
67	\$ 624	876	960	936	984	1248	1164	2328	2088	3,936		
68	\$ 648	912	996	960	1008	1284	1200	1388	2148	4044		
69	\$ 660	924	1008	984	1020	1308	1224	2436	2184	4116		
70	\$ 672	936	1032	996	1044	1332	1248	2472	2220	4188		
71	\$ 708	996	1092	1056	1104	1416	1320	2628	2364	4452		
72	\$ 780	1092	1188	1164	1212	1548	1440	2868	2580	4860		
73	\$ 828	1164	1272	1236	1296	1644	1536	3072	2748	5196		
74	\$ 864	1212	1332	1296	1344	1716	1608	3204	2868	5412		
75	\$ 900	1260	1380	1332	1392	1776+	1656	3312	2964	5604		
76	\$ 912	1284	1404	1356	1428	1812	1692	3372	3024	5712		
77	\$ 936	1308	1440	1392	1464	1860	1740	3468	3108	5856		
78	\$ 972	1356	1488	1440	1512	1920	1788	3576	3204	6048		
79	\$ 996	1392	1524	1476	1548	1968	1836	3660	3288	6192		
80	\$ 1020	1428	1560	1512	1584	2004	1884	3744	3360	6348		
81	\$ 1044	1452	1596	1548	1620	2064	1920	3840	3444	6492		
82	\$ 1068	1500	14644	1596	1668	2124	1980	3948	3540	6672		
83	\$ 1092	1536	1680	1632	1704	2172	2028	4032	3624	6828		
84	\$ 1116	1560	1716	1668	1740	2220	2064	4116	3696	6972		
85	\$ 1152	1608	1752	1704	1788	2268	2124	4224	3792	7164		
86+	\$ 1176	1644	1800	1740	1824	2316	2172	4320	3876	7308		

**AFBA LIFE INSURANCE COMPANY****Annual Rates  
Smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>
65	\$ 696	972	1068	1044	1092	1392	1296	2592	2328	4380	
66	\$ 732	1020	1104	1068	1128	1428	1332	1664	2388	4512	
67	\$ 744	1044	1140	1104	1164	1476	1368	2748	2460	4632	
68	\$ 768	1068	1176	1140	1188	1524	1416	2820	2532	4764	
69	\$ 780	1092	1188	1164	1212	1548	1440	2868	2580	4860	
70	\$ 792	1104	1212	1176	1224	1572	1464	2916	2628	4956	
71	\$ 840	1176	1296	1260	1308	1668	1560	3108	2784	5256	
72	\$ 924	1284	1416	1368	1428	1824	1704	3396	3036	5724	
73	\$ 972	1368	1500	1464	1536	1944	1824	3612	3252	6120	
74	\$ 1032	1440	1372	1524	1596	2028	1896	3780	3396	6384	
75	\$ 1056	1476	1620	1572	1656	2100	1956	3912	3504	6612	
76	\$ 1080	1500	1656	1608	1680	2136	1992	3984	3576	6744	
77	\$ 1104	1548	1704	1656	1728	2196	2052	4080	3672	6912	
78	\$ 1152	1596	1752	1704	1788	2268	2112	4212	3792	7128	
79	\$ 1176	1632	1800	1740	1824	2328	2160	4320	3876	7308	
80	\$ 1200	1680	1836	1788	1860	2364	2220	4428	3972	7488	
81	\$ 1224	1716	1872	1824	1920	2424	2268	4524	4068	7656	
82	\$ 1272	1764	1944	1872	1968	2508	2340	4656	4176	7884	
83	\$ 1296	1812	1980	1920	2004	2556	2388	4752	4272-	.8052	
84	\$ 1320	1848	2016	1968	2052	2616	2448	4860	4368	8220	
85	\$ 1344	1884	2076	2016	2100	2676	2508	4992	4476	8448	
86+	\$ 1392	1932	2112	2064	2148	2736	2556	5100	4572	8616	

# **AMERICAN REPUBLIC INSURANCE COMPANY**

**MAILING ADDRESS** PO BOX 1

**CITY** DES MOINES **STATE IA** **ZIP** 50301-

**TELEPHONE** (800) 943-2121

<b>DESCRIPTION OF PRE-EXISTING CONDITION EXCLUSION</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>AUTOMATIC CROSSOVER CLAIMS SERVICE, PHARMACY PREF</b>	<b>NOTES</b>
			<b>Not Marketing A Medicare + Choice Plan In Kentucky</b>

## **DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<b><u>RATING METHODS</u></b>	<b><u>AVAILABILITY</u></b>	<b><u>MARKETING APPROACH</u></b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**AMERICAN REPUBLIC INSURANCE COMPANY****ANNUAL RATES**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 754.76		1621.81			1420.66						
65	\$ 754.76		1621.81			1420.66						
66	\$ 682.89		1452.81			1282.89						
67	\$ 718.37		1516.41			1341.78						
68	\$ 748.79		1570.95			1391.61						
69	\$ 773.13		1613.77			1430.42						
70	\$ 796.32		1655.79			1467.50						
71	\$ 818.82		1695.51			1502.86						
72	\$ 840.18		1733.98			1536.39						
73	\$ 860.16		1769.34			1567.16						
74	\$ 878.07		1801.60			1594.83						
75	\$ 895.63		1832.94			1624.10						
76	\$ 913.54		1864.86			1652.92						
77	\$ 931.91		1897.69			1682.88						
78	\$ 950.40		1930.76			1713.08						
79	\$ 969.34		1964.40			1744.54						
80	\$ 988.74		1999.65			1776.00						

# ANTHEM HEALTH PLANS OF KENTUCKY INC

MAILING ADDRESS 9901 LINN STATION RD

CITY LOUISVILLE STATE KY ZIP 40223-

TELEPHONE (800) 824-3122

DESCRIPTION OF PRE- EXISTING CONDITION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
EXCLUSION		

## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

RATING METHODS	AVAILABILITY	MARKETING APPROACH
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input checked="" type="checkbox"/>		

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1506.60	1934.40	2176.20			2213.40		3534.00				
65	\$	972.00	1248.00	1404.00			1428.00		2280.00				
66	\$	972.00	1248.00	1404.00			1428.00		2280.00				
67	\$	972.00	1248.00	1404.00			1428.00		2280.00				
68	\$	972.00	1248.00	1404.00			1428.00		2280.00				
69	\$	972.00	1248.00	1404.00			1428.00		2280.00				
70	\$	972.00	1248.00	1404.00			1428.00		2280.00				
71	\$	972.00	1248.00	1404.00			1428.00		2280.00				
72	\$	972.00	1248.00	1404.00			1428.00		2280.00				
73	\$	972.00	1248.00	1404.00			1428.00		2280.00				
74	\$	972.00	1248.00	1404.00			1428.00		2280.00				
75	\$	972.00	1248.00	1404.00			1428.00		2280.00				
76	\$	972.00	1248.00	1404.00			1428.00		2280.00				
77	\$	972.00	1248.00	1404.00			1428.00		2280.00				
78	\$	972.00	1248.00	1404.00			1428.00		2280.00				
79	\$	972.00	1248.00	1404.00			1428.00		2280.00				
80	\$	972.00	1248.00	1404.00			1428.00		2280.00				

**ANTHEM HEALTH PLANS OF KENTUCKY INC****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1524.00				1896.00							
65	\$	780.00				972.00							
66	\$	816.00				1008.00							
67	\$	852.00				1056.00							
68	\$	888.00				1104.00							
69	\$	924.00				1152.00							
70	\$	972.00				1200.00							
71	\$	1008.00				1260.00							
72	\$	1056.00				1320.00							
73	\$	1104.00				1368.00							
74	\$	1104.00				1368.00							
75	\$	1104.00				1368.00							
76	\$	1104.00				1368.00							
77	\$	1104.00				1368.00							
78	\$	1104.00				1368.00							
79	\$	1104.00				1368.00							
80	\$	1104.00				1368.00							

**ANTHEM HEALTH PLANS OF KENTUCKY INC****Annual Rates  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1506.60	1581	1800			1884		3252				
65	\$	972	1020	1164			1212		2100				
66	\$	972	1020	1164			1212		2100				
67	\$	972	1020	1164			1212		2100				
68	\$	972	1020	1164			1212		2100				
69	\$	972	1020	1164			1212		2100				
70	\$	972	1020	1164			1212		2100				
71	\$	972	1020	1164			1212		2100				
72	\$	972	1020	1164			1212		2100				
73	\$	972	1020	1164			1212		2100				
74	\$	972	1020	1164			1212		2100				
75	\$	972	1020	1164			1212		2100				
76	\$	972	1020	1164			1212		2100				
77	\$	972	1020	1164			1212		2100				
78	\$	972	1020	1164			1212		2100				
79	\$	972	1020	1164			1212		2100				
80	\$	972	1020	1164			1212		2100				

**ANTHEM HEALTH PLANS OF KENTUCKY INC****Annual Rates  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$					1668.00							
65	\$					852.00							
66	\$					888.00							
67	\$					936.00							
68	\$					972.00							
69	\$					1020.00							
70	\$					1056.00							
71	\$					1104.00							
72	\$					1152.00							
73	\$					1212.00							
74	\$					1212.00							
75	\$					1212.00							
76	\$					1212.00							
77	\$					1212.00							
78	\$					1212.00							
79	\$					1212.00							
80	\$					1212.00							

**ANTHEM HEALTH PLANS OF KENTUCKY INC****Annual Rates  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1506.60	1581	1800			1884		3252				
65+	\$	972	1020	1164			1212		2100				
66	\$	972	1020	1164			1212		2100				
67	\$	972	1020	1164			1212		2100				
68	\$	972	1020	1164			1212		2100				
69	\$	972	1020	1164			1212		2100				
70	\$	972	1020	1164			1212		2100				
71	\$	972	1020	1164			1212		2100				
72	\$	972	1020	1164			1212		2100				
73	\$	972	1020	1164			1212		2100				
74	\$	972	1020	1164			1212		2100				
75	\$	972	1020	1164			1212		2100				
76	\$	972	1020	1164			1212		2100				
77	\$	972	1020	1164			1212		2100				
78	\$	972	1020	1164			1212		2100				
79	\$	972	1020	1164			1212		2100				
80	\$	972	1020	1164			1212		2100				

# BANKERS FIDELITY LIFE INSURANCE COMPANY

MAILING ADDRESS 4370 PEACHTREE RD NE PO BOX 105185

CITY ATLANTA STATE GA ZIP 31119-0240

TELEPHONE (800) 241-1439

DESCRIPTION OF PRE-EXISTING CONDITION EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	DISCOUNT DRUG PRESCRIPTION CARD, FREE	NOTES
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## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_

PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_

PREMIUM DISCOUNT#3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**Annual Rates Zip  
Codes:  
400-402 & 410**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1176	1728	1845			2247						
65	\$ 345	713	851			1035						
66	\$ 345	713	851			1035						
67	\$ 345	713	851			1035						
68	\$ 345	713	851			1035						
69	\$ 345	713	851			1035						
70	\$ 374	782	920			1116						
71	\$ 374	782	920			1116						
72	\$ 374	782	920			1116						
73	\$ 374	782	920			1116						
74	\$ 374	782	920			1116						
75	\$ 385	863	1058			1208						
76	\$ 385	863	1058			1208						
77	\$ 385	863	1058			1208						
78	\$ 385	863	1058			1208						
79	\$ 385	863	1058			1208						
80	\$ 397	920	1139			1277						
81	\$ 397	920	1139			1277						
82	\$ 397	920	1139			1277						
83	\$ 397	920	1139			1277						
84	\$ 397	920	1139			1277						
85+	\$ 397	966	1185			1334						

**BANKERS FIDELITY LIFE INSURANCE COMPANY****Annual Rates  
All other Zip  
Codes**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1059	1556	1661			2023						
65	\$ 311	642	766			932						
66	\$ 311	642	766			932						
67	\$ 311	642	766			932						
68	\$ 311	642	766			932						
69	\$ 311	642	766			932						
70	\$ 337	704	828			1004						
71	\$ 337	704	828			1004						
72	\$ 337	704	828			1004						
73	\$ 337	704	828			1004						
74	\$ 337	704	828			1004						
75	\$ 347	776	952			1087						
76	\$ 347	776	952			1087						
77	\$ 347	776	952			1087						
78	\$ 347	776	952			1087						
79	\$ 347	776	952			1087						
80	\$ 358	828	1025			1149						
81	\$ 358	828	1025			1149						
82	\$ 358	828	1025			1149						
83	\$ 358	828	1025			1149						
84	\$ 358	828	1025			1149						
85+	\$ 358	869	1066			1201						

# BANKERS LIFE AND CASUALTY COMPANY

MAILING ADDRESS                    222 MERCHANDISE MART PLAZA

CITY                                 CHICAGO                           STATE                            IL                                   ZIP 60654-

TELEPHONE                            (800) 621-3724

DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	<u>F* IS HIGH</u> <u>DEDUCTIBLE PLAN</u> <u>WITH SAME BENEFITS</u>	NOTES
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## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT#3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

RATING METHODS	AVAILABILITY	MARKETING APPROACH
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**BANKERS LIFE AND CASUALTY COMPANY****Annual Rates**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1644.97	2045.76	2609.54	2265.47	1904.60	2405.22	1800.75	6152.89	7586.23		804.54	
65	\$ 1046.39	1172.61	1487.99	1227.59	1068.54	1332.21	949.74	3511.39	4338.62		469.63	
66	\$ 1071.59	1210.57	1535.22	1270.79	1104.32	1384.02	989.77	3631.61	4489.93		486.54	
67	\$ 1097.34	1249.52	1584.10	1316.17	1141.74	1438.90	1031.88	3755.97	4648.00		504.10	
68	\$ 1126.90	1293.26	1638.31	1365.59	1182.75	1495.62	1075.41	3891.35	4815.23		522.21	
69	\$ 1157.34	1338.75	1695.37	1418.72	1225.84	1554.64	1122.10	4031.75	4990.21		540.98	
70	\$ 1188.64	1385.33	1754.60	1472.82	1270.68	1616.60	1169.77	4177.27	5172.39		560.50	
71	\$ 1221.26	1434.32	1816.02	1530.31	1317.37	1680.75	1220.17	4328.91	5361.45		580.69	
72	\$ 1254.43	1485.15	1881.04	1590.31	1366.35	1748.17	1272.97	4487.64	5558.14		601.63	
73	\$ 1297.52	1545.48	1957.40	1660.79	1422.97	1817.77	1328.28	4666.32	5775.44		623.89	
74	\$ 1342.03	1608.10	2037.91	1734.64	1482.10	1891.51	1386.64	4851.67	6002.24		646.90	
75	\$ 1388.61	1673.88	2122.67	1812.75	1544.71	1967.87	1447.19	5045.19	6237.98		670.79	
76	\$ 1435.95	1741.95	2210.27	1893.69	1609.51	2047.84	1511.11	5247.34	6484.20		695.56	
77	\$ 1485.59	1813.18	2302.78	1980.31	1678.24	2131.07	1578.21	5458.86	6742.09		721.41	
78	\$ 1537.19	1887.80	2400.42	2070.64	1750.02	2218.78	1649.00	5679.88	7010.56		748.14	
79	\$ 1590.20	1964.93	2502.42	2165.11	1825.29	2309.87	1722.97	5911.91	7291.79		775.85	
80	\$ 1644.97	2045.76	2609.54	2265.47	1904.60	2405.22	1800.75	6152.89	7586.23		804.54	

**CENTRAL BENEFITS NATIONAL LIFE INSURANCE CO**

MAILING ADDRESS PO BOX 16526

CITY COLUMBUS STATE OH ZIP 43216

TELEPHONE (888) 633-7871

DESCRIPTION OF PRE-EXISTING CONDITION EXCLUSION	6 MONTHS - REDUCED BY UNINSURED BENEFITS CREDITABLE COVERAGE	* <u>VARIOUS-CALL COMPANY</u>	NOTES
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DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2 _____
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3 _____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CENTRAL BENEFITS NATIONAL LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	36.59	73.28	85.70		83.90	92.04						
65	\$	36.59	73.28	85.70		83.90	92.04						
66	\$	36.59	73.28	85.70		83.90	92.04						
67	\$	36.59	73.28	85.70		83.90	92.04						
68	\$	36.59	73.28	85.70		83.90	92.04						
69	\$	36.59	73.28	85.70		83.90	92.04						
70	\$	36.59	73.28	85.70		83.90	95.33						
71	\$	37.73	75.88	88.86		86.98	95.33						
72	\$	37.73	75.88	88.86		86.98	95.33						
73	\$	39.05	78.86	92.48		90.51	99.10						
74	\$	39.05	78.86	92.48		90.51	99.10						
75	\$	40.36	81.84	96.09		94.04	102.85						
76	\$	40.36	81.84	96.09		94.04	102.85						
77	\$	41.64	84.76	99.63		97.49	106.54						
78	\$	41.64	84.76	99.63		97.49	106.54						
79	\$	42.68	87.11	102.49		100.27	109.51						
80	\$	42.68	87.11	102.49		199.27	109.51						

**<65 RATES UNDERWRITTEN ONLY**

# CENTRAL STATES HEALTH & LIFE CO OF OMAHA

MAILING ADDRESS                    PO BOX 34350  
CITY                                 OMAHA           STATE NE           ZIP 68134-0350  
TELEPHONE                         (800) 541-2363

DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION	<b>6 MONTHS PRIOR AND 6 MONTHS AFTER</b>	DESCRIPTION OF UNINSURED BENEFITS	NOTES
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## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT#3 (DESCRIPTION) \_\_\_\_\_  
AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CENTRAL STATES HEALTH & LIFE INSURANCE CO OF OMAHA**

**Annual Rates  
Smoker  
Zip Codes:  
400-427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1835	2113	2491			2686						
65	\$	1095	1261	1487			1603						
66	\$	1133	1306	1539			1660						
67	\$	1173	1351	1592			1718						
68	\$	1214	1399	1648			1778						
69	\$	1257	1448	1706			1840						
70	\$	1301	1498	1766			1904						
71	\$	1346	1551	1828			1971						
72	\$	1393	1605	1892			2040						
73	\$	1442	1661	1958			2111						
74	\$	1493	1719	2026			2185						
75	\$	1545	1779	2096			2262						
76	\$	1599	1842	2171			2341						
77	\$	1655	1906	2247			2423						
78	\$	1713	1973	2325			2508						
79	\$	1773	2042	2406			2595						
80	\$	1835	2113	2491			2686						

**CENTRAL STATES HEALTH & LIFE INSURANCE CO OF OMAHA**

**Annual Rates  
Non-smoker  
Zip Codes:  
400-427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1595	1838	2166			2336						
65	\$	952	1097	1293			1394						
66	\$	986	1135	1338			1443						
67	\$	1020	1175	1385			1494						
68	\$	1056	1216	1433			1546						
69	\$	1093	1259	1483			1600						
70	\$	1131	1303	1535			1656						
71	\$	1171	1348	1589			1714						
72	\$	1212	1396	1645			1774						
73	\$	1254	1444	1702			1836						
74	\$	1298	1495	1762			1900						
75	\$	1343	1547	1823			1967						
76	\$	1390	1602	1887			2036						
77	\$	1439	1658	1954			2107						
78	\$	1489	1716	2022			2181						
79	\$	1541	1776	2092			2257						
80	\$	1595	1838	2166			2336						

**COMBINED INSURANCE COMPANY OF AMERICA****MAILING ADDRESS** 5050 BROADWAY

CITY CHICAGO STATE IL ZIP 60640

TELEPHONE (800) 544-5531

DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
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DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2 _____
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3 _____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**COMBINED INSURANCE COMPANY OF AMERICA****Annual Rates**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 913.16	2171.84	2321.66			2321.66						
65	\$ 830.29	1531.31	1630.11			1630.11						
66	\$ 881.89	1618.57	1728.89			1728.89						
67	\$ 881.89	1618.57	1728.89			1728.89						
68	\$ 881.89	1618.57	1728.89			1728.89						
69	\$ 881.89	1618.57	1728.89			1728.89						
70	\$ 881.89	1618.57	1728.89			1728.89						
71	\$ 1042.93	1918.25	2058.21			2058.21						
72	\$ 1042.93	1918.25	2058.21			2058.21						
73	\$ 1042.93	1918.25	2058.21			2058.21						
74	\$ 1042.93	1918.25	2058.21			2058.21						
75	\$ 1042.93	1918.25	2058.21			2058.21						
76	\$ 1185.22	2171.84	2321.66			2331.66						
77	\$ 1185.22	2171.84	2321.66			2321.66						
78	\$ 1185.22	2171.84	2321.66			2321.66						
79	\$ 1185.22	2171.84	2321.66			2321.66						
80	\$ 1185.22	2171.84	2321.66			2321.66						

**CONNECTICUT GENERAL LIFE INSURANCE CO****MAILING ADDRESS** 900 COTTAGE GROVE RD**CITY** HARTFORD **STATE CT** **ZIP** 06152-1038**TELEPHONE** (860) 226-5088

DESCRIPTION OF PRE- <b>NOT SOLD</b>	<b>6 MONTHS</b>	DESCRIPTION OF	NOTES	<b>PRODUCTS</b>
EXISTING CONDITION		UNINSURED BENEFITS		<b>TO NEW</b>
<b>MEMBERS</b>				
<b>EXCLUSION</b>				

**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

<b>RATING METHODS</b>	<b>AVAILABILITY</b>	<b>MARKETING APPROACH</b>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

# **CONNECTICUT GENERAL LIFE INSURANCE CO**

## Annual Rates

## **CONNECTICUT GENERAL LIFE INSURANCE CO**

## Annual Rates

# CONSECO DIRECT LIFE INSURANCE CO

**MAILING ADDRESS** 399 MARKET STREET

**CITY** PHILADELPHIA      **STATE PA**      **ZIP** 19181-

**TELEPHONE** (800) 242-0807

DESCRIPTION OF PRE- NOTES EXISTING CONDITION EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS
---	--------------------------------------

## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CONSECO DIRECT LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403-406  
410-412, 425  
426**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1095.70	1471.00	1819.40	1554.70	1550.00	1829.60	1574.50					
65	\$	776.60	960.60	1149.50	927.50	928.30	1150.20	935.40					
66	\$	799.50	991.50	1178.70	959.90	960.60	1181.80	970.10					
67	\$	823.20	1022.30	1207.90	992.20	993.00	1212.70	1004.10					
68	\$	851.60	1061.00	1246.60	1031.70	1031.70	1252.90	1046.00					
69	\$	880.10	1098.90	1287.70	1072.00	1071.20	1294.00	1085.50					
70	\$	905.30	1137.60	1329.60	1112.30	111.50	1336.70	1127.30					
71	\$	931.40	1173.90	1372.20	1152.60	1151.00	1380.90	1168.40					
72	\$	955.10	1210.30	1417.30	1192.90	1190.50	1428.30	1210.30					
73	\$	975.70	1244.30	1436.10	1233.20	1230.80	1476.50	1252.90					
74	\$	997.00	1278.20	1510.50	1275.10	1274.30	1526.30	1297.20					
75	\$	1008.80	1301.10	1548.40	1309.00	1308.20	1565.00	1331.90					
76	\$	1019.10	1324.00	1587.10	1345.40	1343.80	1603.70	1367.50					
77	\$	1027.80	1347.00	1627.40	1380.90	1380.90	1642.40	1403.80					
78	\$	1036.50	1370.70	1667.70	1418.10	1416.50	1681.10	1440.20					
79	\$	1038.90	1377.80	1688.20	1440.20	1437.00	1700.10	1459.90					
80	\$	1040.40	1381.70	1709.60	1460.70	1456.80	1719.00	1479.70					
81	\$	1042.80	1399.10	1730.90	1478.90	1474.90	1741.20	1497.80					
82	\$	1055.40	1416.50	1753.00	1497.80	1493.10	1762.50	1516.80					

AGE		A	B	C	D	E	F	G	H	I	J	F*	J*
83	\$	1068.90	1434.60	1774.30	1516.00	1512.10	1784.60	1535.80					
84	\$	1082.30	1452.00	1796.50	1535.00	1531.00	1806.70	1554.70					
85+	\$	1095.70	1471.00	1819.40	1554.70	1550.00	1829.60	1574.50					

**CONSECO DIRECT LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400,414,  
421-424, 427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1192.80	1601.30	1980.60	1692.50	1687.30	1991.80	1714.00					
65	\$	845.40	1045.80	1251.30	1009.60	1010.50	1252.20	1018.20					
66	\$	870.30	1079.30	1283.10	1044.90	1045.80	1286.60	1056.10					
67	\$	896.10	1112.80	1314.90	1080.20	1081.00	1320.10	1093.10					
68	\$	927.10	1155.00	1357.10	1123.20	1123.20	1364.00	1138.60					
69	\$	958.00	1196.30	1401.80	1167.00	1166.20	1408.70	1181.60					
70	\$	985.60	1238.40	1447.40	1210.90	1210.00	1455.10	1227.20					
71	\$	1013.90	1278.00	1493.80	1254.70	1253.00	1503.30	1271.90					
72	\$	1039.70	1317.50	1542.80	1298.60	1296.00	1554.90	1317.50					
73	\$	1062.10	1354.50	1592.70	1342.50	1339.90	1607.30	1364.00					
74	\$	1085.30	1391.50	1644.30	1388.00	1387.20	1661.50	1412.10					
75	\$	1098.20	1416.40	1685.60	1425.0	1424.20	1703.70	1450.00					
76	\$	1109.40	1441.40	1727.70	1464.60	1462.90	1745.80	1488.70					
77	\$	1118.90	1466.30	1771.60	1503.30	1503.30	1787.90	1528.20					
78	\$	1128.30	1492.10	1815.50	1543.70	1542.00	1830.10	1567.80					
79	\$	1130.90	1499.80	1837.80	1567.80	1546.30	1850.70	1589.30					
80	\$	1132.60	1504.10	1861.00	1590.10	1585.80	1871.40	1610.80					
81	\$	1135.20	1523.10	1884.30	1609.90	1605.60	1895.40	1630.60					
82	\$	1149.00	1542.00	1908.30	1630.60	1625.40	1918.70	1651.20					

**ONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$	1163.60	1561.80	1931.60	1650.30	1646.00	1942.70	1671.80					
84	\$	1178.20	1580.70	1955.60	1671.00	1666.70	1966.80	1692.50					
85+	\$	1192.80	1601.30	1980.60	1692.50	1687.30	1991.80	1714.00					

**CONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates****Zip Codes:****401,402,****407-409,413,****415-420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1303.80	1750.30	2164.80	1849.90	1844.30	2177.00	1873.40					
65	\$	924.00	1143.00	1367.70	1103.60	1104.50	1368.60	1113.00					
66	\$	951.30	1179.70	1402.50	1142.10	1143.00	1406.20	1154.00					
67	\$	979.50	1216.40	1437.40	1180.60	1181.60	1442.90	1194.70					
68	\$	1013.30	1262.40	1483.30	1227.60	1227.60	1490.80	1244.60					
69	\$	1047.20	1307.50	1532.20	1275.60	1274.60	1539.70	1291.60					
70	\$	1077.20	1353.60	1582.00	1323.50	1322.60	1590.50	1341.40					
71	\$	1108.30	1396.80	1632.80	1371.50	1369.60	1643.10	1390.30					
72	\$	1136.50	1440.10	1686.40	1419.40	1416.60	1699.50	1440.10					
73	\$	1160.90	1480.50	1740.90	1467.30	1464.50	1756.90	1490.80					
74	\$	1186.30	1520.90	1797.30	1517.20	1516.20	1816.10	1543.50					
75	\$	1200.400	1548.20	1842.40	1557.60	1556.60	1862.10	1584.80					
76	\$	1212.60	1575.40	1888.50	1600.80	1598.90	1908.20	1627.10					
77	\$	1222.90	1602.70	1936.40	1643.10	1643.10	1954.30	1670.40					
78	\$	1233.30	1630.90	1984.30	1687.30	1685.40	2000.30	1713.60					
79	\$	1236.10	1639.40	2008.80	1713.60	1709.90	2022.90	1737.10					
80	\$	1238.00	1644.10	2034.20	1738.10	1733.40	2045.40	1760.60					
81	\$	1240.80	1644.70	2059.50	1759.70	1755.00	2071.80	1782.20					
82	\$	1255.80	1685.40	2085.90	1782.20	1776.60	2097.10	1804.80					

**ONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$	1271.80	1707.00	2111.20	1803.90	1799.20	2123.50	1827.40					
84	\$	1287.80	1727.70	2137.60	1826.40	1821.70	2149.80	1849.90					
85+	\$	1303.80	1750.30	2164.80	1849.90	1844.30	2177.00	1873.40					

**CONSECO DIRECT LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403-406,  
410-412, 425  
426**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	931.40	1249.80	1546.00	1320.90	1317.70	1554.70	1338.30					
65	\$	660.40	816.90	977.20	788.40	788.40	977.20	794.70					
66	\$	679.40	842.90	1001.70	816.90	816.10	1004.10	824.80					
67	\$	699.20	869.0	1027.00	843.70	843.70	1031.00	853.20					
68	\$	724.40	902.20	1060.20	877.70	876.90	1064.90	888.80					
69	\$	748.10	933.80	1094.20	911.70	910.90	1100.50	922.70					
70	\$	769.50	967.00	1129.70	945.60	944.80	1136.80	958.30					
71	\$	791.60	997.80	1166.80	979.60	978.80	1173.90	993.00					
72	\$	811.30	1028.60	1204.80	1013.60	1012.00	1214.20	1029.40					
73	\$	829.50	1057.00	1243.50	1048.30	1046.80	1255.30	1064.90					
74	\$	846.90	1086.30	1284.50	1083.10	1083.10	1297.20	1102.10					
75	\$	857.20	1106.00	1316.10	1113.10	1111.50	1330.40	1132.10					
76	\$	865.80	1125.80	1349.30	1143.10	1142.30	1362.80	1162.90					
77	\$	873.70	1144.70	1383.30	1173.90	1173.90	1395.90	1193.70					
78	\$	880.90	1165.30	1417.30	1205.50	1204.00	1429.10	1223.70					
79	\$	882.40	1170.80	1435.40	1223.70	1221.30	1461.50	1257.70					
80	\$	884.80	1174.70	1453.60	1241.90	1237.90							
81	\$	886.40	1189.70	1471.80	1256.90	1253.70	1479.70	1273.50					
82	\$	897.40	1204.00	1489.90	1272.70	1269.50	1498.60	1289.30					

**ONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$	908.50	1219.00	1508.10	1288.50	1285.30	1516.80	1305.90					
84	\$	919.60	1234.80	1527.10	1305.10	1301.10	1535.80	1321.70					
85+	\$	931.40	1249.80	1546.00	1320.90	1317.70	1554.70	1338.30					

**CONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates****Zip Codes:****400,414,****421-242, 427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1013.90	1360.50	1683.00	1437.90	1434.50	1692.50	1456.80					
65	\$	719.00	889.20	1063.80	858.30	858.30	1063.80	865.20					
66	\$	739.60	917.60	1090.50	888.40	889.20	1093.10	897.80					
67	\$	761.10	946.00	1118.00	918.50	918.50	1122.30	928.80					
68	\$	788.60	982.10	1154.10	955.50	954.660	1159.30	967.50					
69	\$	814.40	1016.50	1191.10	992.40	991.60	1198.00	1004.50					
70	\$	837.60	1052.60	1229.80	1029.40	1028.60	1237.50	1043.20					
71	\$	861.70	1086.20	1270.20	1066.40	1065.50	1278.00	1081.00					
72	\$	883.20	1119.70	1311.50	1103.40	1101.70	1321.80	1120.60					
73	\$	903.00	1150.70	1353.60	1141.20	1139.50	1366.50	1159.30					
74	\$	921.90	1182.50	1398.40	1179.90	1179.10	1412.10	1199.70					
75	\$	933.10	1204.00	1432.80	1211.70	1210.00	1448.20	1232.40					
76	\$	942.60	1225.50	1468.90	1244.40	1243.60	1483.50	1265.90					
77	\$	951.20	1246.10	1505.90	1278.00	1278.00	1519.60	1299.50					
78	\$	958.90	1268.50	1542.80	1312.40	1310.60	1555.70	1332.10					
79	\$	960.60	1274.50	1562.60	1332.10	1329.60	1572.90	1351.10					
80	\$	963.20	1278.80	1582.40	1351.90	1347.60	1591.00	1369.10					
81	\$	964.90	1295.20	1602.20	1368.30	1364.80	1610.80	1386.30					
82	\$	977.00	1310.60	1622.00	1385.50	1382.00	1631.40	1403.50					

**ONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$	989.00	1327.00	1641.80	1402.70	1399.20	1651.20	1424.60					
84	\$	1001.00	1344.20	1662.40	1420.70	1416.40	1671.80	1428.80					
85+	\$	1013.90	1360.50	1683.00	1437.90	1434.50	1692.50	1456.80					

**CONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates****Zip Codes:****401,402,****407-409, 413,****415-420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1108.30	1487.10	1839.60	1571.70	1567.90	1849.90	1592.40					
65	\$	785.80	972.00	1162.80	938.10	938.10	1162.80	945.60					
66	\$	808.40	1003.00	1191.90	971.00	972.00	1194.70	981.40					
67	\$	831.90	1034.00	1222.00	1003.90	1003.90	1226.70	1015.20					
68	\$	862.00	1073.50	1261.50	1044.30	1043.40	1267.10	1057.50					
69	\$	890.20	1111.10	1301.90	1084.80	1083.80	1309.40	1097.90					
70	\$	915.60	1150.60	1344.20	1125.20	1124.20	1352.70	1140.20					
71	\$	941.90	1187.20	1388.40	1165.60	1164.70	1396.80	1181.60					
72	\$	965.40	1223.90	1433.50	1206.00	1204.10	1444.80	1224.80					
73	\$	987.00	1257.70	1479.60	1247.40	1245.50	1493.70	1267.10					
74	\$	1007.70	1292.50	1528.40	1289.70	1288.70	1543.50	1311.30					
75	\$	1019.90	1316.00	1566.00	1324.50	1322.60	1583.00	1347.00					
76	\$	1030.20	1339.50	1605.50	1360.20	1359.20	1621.50	1383.70					
77	\$	1039.60	1362.10	1649.90	1396.80	1396.80	1661.00	1420.30					
78	\$	1048.10	1386.50	1686.40	1434.40	1432.60	1700.50	1456.10					
79	\$	1050.00	1393.10	1708.00	1456.10	1453.20	1719.30	1476.70					
80	\$	1052.80	1397.80	1729.60	1477.70	1473.00	1739.00	1496.50					
81	\$	1054.70	1415.60	1751.20	1495.50	1491.80	1760.60	1515.30					
82	\$	1067.80	1432.60	1772.80	1514.30	1510.60	1783.20	1534.10					

**ONSECO DIRECT LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$	10081.00	1450.40	1794.50	1533.10	1529.40	1804.80	1553.80					
84	\$	1094.20	1469.20	1817.00	1552.90	1548.20	1827.40	1572.60					
85+	\$	1108.30	1487.10	1839.60	1571.70	1567.90	1849.90	1592.40					

**CONSTITUTION LIFE INSURANCE CO****MAILING ADDRESS** 2536 COUNTRYSIDE BLVD**CITY** CLEARWATER **STATE FL** **ZIP** 33763-**TELEPHONE** (727) 725-4190

<b>DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION</b>	<b>6 MONTHS</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>NOTES</b>
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

<b>RATING METHODS</b>	<b>AVAILABILITY</b>	<b>MARKETING APPROACH</b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CONSTITUTION LIFE INSURANCE COMPANY**

**Annual Rates  
Medicare Select  
Non-smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1114.00	1653.00	1939.00	2032.00		2248.00						
65	\$ 738.00	1010.00	1147.00	1103.00		1333.00						
66	\$ 738.00	1010.00	1147.00	1103.00		1333.00						
67	\$ 754.00	1030.00	1169.00	1124.00		1357.00						
68	\$ 779.00	1065.00	1213.00	1168.00		1408.00						
69	\$ 805.00	1103.00	1255.00	1213.00		1459.00						
70	\$ 832.00	1141.00	1300.00	1258.00		1510.00						
71	\$ 857.00	1184.00	1348.00	1307.00		1564.00						
72	\$ 887.00	1223.00	1393.00	1356.00		1619.00						
73	\$ 909.00	1262.00	1441.00	1406.00		1672.00						
74	\$ 932.00	1299.00	1485.00	1458.00		1727.00						
75	\$ 956.00	1338.00	1532.00	1509.00		1779.00						
76	\$ 976.00	1373.00	1574.00	1555.00		1828.00						
77	\$ 996.00	1410.00	1618.00	1604.00		1878.00						
78	\$ 1004.00	1429.00	1641.00	1639.00		1906.00						
79	\$ 1014.00	1454.00	1679.00	1694.00		1948.00						
80	\$ 1019.00	1465.00	1692.00	1713.00		1965.00						
81	\$ 1038.00	1503.00	1741.00	1778.00		2021.00						
82	\$ 1057.00	1540.00	1792.00	1839.00		2078.00						

**CONSTITUTION LIFE INSURANCE COMPANY**

**Annual Rates  
Medicare Select  
Non-smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$ 1076.00	1579.00	1840.00	1904.00		2134.00						
84	\$ 1095.00	1615.00	1890.00	1967.00		2192.00						
85+	\$ 1114.00	1653.00	1939.00	2032.00		2248.00						

**CONSTITUTION LIFE INSURANCE COMPANY****Annual Rates  
Medicar Select  
Smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1239.00	1837.00	2156.00	2256.00		2499.00						
65	\$ 821.00	1123.00	1275.00	1227.00		1482.00						
66	\$ 821.00	1123.00	1275.00	1227.00		1482.00						
67	\$ 837.00	1144.00	1299.00	1250.00		1510.00						
68	\$ 866.00	1184.00	1348.00	1298.00		1565.00						
69	\$ 894.00	1227.00	1396.00	1349.00		1620.00						
70	\$ 924.00	1267.00	1445.00	1398.00		1679.00						
71	\$ 954.00	1313.00	1497.00	1451.00		1739.00						
72	\$ 986.00	1359.00	1549.00	1506.00		1800.00						
73	\$ 1010.00	1401.00	1599.00	1562.00		1858.00						
74	\$ 1035.00	1443.00	1651.00	1619.00		1918.00						
75	\$ 1062.00	1487.00	1703.00	1676.00		1977.00						
76	\$ 1085.00	1526.00	1748.00	1728.00		2033.00						
77	\$ 1107.00	1565.00	1797.00	1782.00		2088.00						
78	\$ 1115.00	1587.00	1825.00	1822.00		2120.00						
79	\$ 1125.00	1616.00	1866.00	1882.00		2165.00						
80	\$ 1132.00	1629.00	1881.00	1903.00		2184.00						
81	\$ 1154.00	1670.00	1936.00	1975.00		2246.00						
82	\$ 1175.00	1711.00	1991.00	2045.00		2310.00						

**CONSTITUTION LIFE INSURANCE COMPANY****Annual Rates  
Medicare Select  
Smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$ 1196.00	1753.00	2045.00	2115.00		2372.00						
84	\$ 1217.00	1794.00	2101.00	2186.00		2435.00						

# CONSTITUTION LIFE INSURANCE COMPANY

**Annual Rates**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
<65	\$ 1037.00	1538.00	1804.00	1889.00		2091.00						
65	\$ 686.00	939.00	1066.00	1025.00		1240.00						
66	\$ 686.00	939.00	1066.00	1025.00		1240.00						
67	\$ 700.00	956.00	1086.00	1045.00		1263.00						
68	\$ 724.00	991.00	1126.00	1086.00		1310.00						
69	\$ 748.00	1025.00	1167.00	1129.00		1356.00						
70	\$ 773.00	1062.00	1209.00	1170.00		1404.00						
71	\$ 798.00	1100.00	1252.00	1214.00		1455.00						
72	\$ 825.00	1137.00	1295.00	1261.00		1506.00						
73	\$ 845.00	1174.00	1340.00	1307.00		1555.00						
74	\$ 867.00	1208.00	1381.00	1355.00		1605.00						
75	\$ 888.00	1244.00	1425.00	1403.00		1654.00						
76	\$ 908.00	1277.00	1463.00	1448.00		1700.00						
77	\$ 926.00	1311.00	1505.00	1492.00		1747.00						
78	\$ 934.00	1329.00	1527.00	1525.00		1774.00						
79	\$ 943.00	1352.00	1560.00	1576.00		1812.00						
80	\$ 947.00	1363.00	1574.00	1593.00		1827.00						
81	\$ 966.00	1398.00	1619.00	1652.00		1879.00						
82	\$ 985.00	1432.00	1667.00	1711.00		1933.00						

**CONSTITUTION LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$ 1001.00	1467.00	1712.00	1770.00		1986.00						
84	\$ 1019.00	1502.00	1758.00	1829.00		2038.00						
85+	\$ 1037.00	1538.00	1804.00	1889.00		2091.00						





## **CONTINENTAL GENERAL INSURANCE COMPANY**

**MAILING ADDRESS** 8901 INDIAN HILLS PO BOX 247007

**CITY** OMAHA **STATE NE** **ZIP** 68124-7007

**TELEPHONE** (402) 397-3200

<b>DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>PREFERRED PRICING CARD FOR PRESCRIPTIONS</b>	<b>NOTES</b>
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### DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CONTINENTAL GENERAL INSURANCE COMPANY****Annual Rates****Female****Zip Codes:****402-409;****412-418:420;****421,425-427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1625	1734	2156	1827		2191	1903					
65	\$ 810	863	1073	910		1092	947					
66	\$ 844	900	1119	949		1138	988					
67	\$ 876	933	1160	983		1181	1025					
68	\$ 912	971	1208	1023		1228	1066					
69	\$ 946	1008	1253	1062		1274	1106					
70	\$ 980	1045	1301	1101		1321	1148					
71	\$ 1015	1081	1346	1139		1366	1186					
72	\$ 1046	1116	1387	1175		1409	1224					
73	\$ 1076	1147	1427	1208		1450	1258					
74	\$ 1103	1175	1462	1239		1485	1290					
75 .	\$ 1130	1204	1497	1268		1522	1320					
76	\$ 1150	1228	1525	1292		1550	1345					
77	\$ 1172	1248	1552	1316		1578	1371					
78	\$ 1194	1274	1582	1341		1609	1397					
79	\$ 1216	1296	1612	1366		1638	1422					
80	\$ 1237	1319	1641	1391		1667	1447					

Male rates: add 11.5% Smokers: add 10%

**CONTINENTAL GENERAL INSURANCE COMPANY****Annual Rates****Female****Zip Codes:****403-405;****410-411;****422-424**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1716	1831	2275	1929	2312		2008				900	
65	\$	855	911	1132	960	1152		999				448	
66	\$	891	950	1181	1001	1201		1043				467	
67	\$	924	985	1225	1037	1246		1082				485	
68	\$	962	1025	1275	1080	1296		1125				504	
69	\$	998	1064	1322	1121	1345		1168				523	
70	\$	1035	1103	1373	1162	1395		1211				542	
71	\$	10%	1141	1420	1203	1442		1252				561	
72	\$	1104	1178	1464	1241	1488		1292				580	
73	\$	1135	1210	1507	1272	1530		1328				596	
74	\$	1165	1240	1543	1308	1568		1361				611	
75 .	\$	1193	1271	1580	1339	1606		1394				625	
76	\$	1214	1296	1609	1363	1636		1419				637	
77	\$	1237	1318	1638	1389	1665		1447				649	
78	\$	1261	1344	1670	1416	1699		1474				660	
79	\$	1283	1368	1701	1442	1729		1501				673	
80	\$	1305	1393	1732	1468	1759		1528				685	

Male rates: add 11.5% Smokers: add 10%

**CONTINENTAL GENERAL INSURANCE COMPANY****Annual Rates****Female****Zip Codes:****400-402**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1896	2023	2515	2132		2556	2220				994	
65	\$ 945	1007	1252	1062		1274	1105				496	
66	\$ 985	1050	1305	1107		1327	1153				517	
67	\$ 1022	1089	1353	1147		1378	1196				536	
68	\$ 1064	1133	1409	1194		1432	1243				558	
69	\$ 1104	1176	1462	1239		1487	1290				578	
70	\$ 1143	1219	1517	1284		1541	1339				600	
71	\$ 1184	1261	1570	1329		1594	1384				621	
72	\$ 1220	1302	1618	1371		1644	1428				641	
73	\$ 1255	1338	1665	1409		1692	1468				658	
74	\$ 1287	1370	1705	1446		1733	1505				675	
75 .	\$ 1319	1405	1746	1479		1776	1540				691	
76	\$ 1342	1432	1779	1507		1808	1569				704	
77	\$ 1367	1456	1810	1535		1841	1599				717	
78	\$ 1393	1486	1846	1565		1877	1630				730	
79	\$ 1419	1512	1881	1594		1911	1659				743	
80	\$ 1443	1539	1914	1622		1945	1688				757	

**Male rates: add 11.5% Smokers: add 10%**

## CONTINENTAL LIFE INSURANCE COMPANY

**MAILING ADDRESS** P O BOX 1188

**CITY** BRENTWOOD      **STATE TN**      **ZIP** 37024-1188

**TELEPHONE** (615) 377-1300

DESCRIPTION OF PRE- EXISTING CONDITION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
EXCLUSION		

### DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

RATING METHODS	AVAILABILITY	MARKETING APPROACH
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CONTINENTAL LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1086	1500	1820	1733	1684	1905	1758					
65	\$	678	938	1138	1082	1052	1190	1099					
66	\$	684	944	1143	1086	1056	1194	1104					
67	\$	684	944	1143	1086	1056	1194	1104					
68	\$	684	944	1143	1086	1056	1194	1104					
69	\$	684	944	1143	1086	1056	1194	1104					
70	\$	767	1060	1291	1254	1144	1336	1263					
71	\$	767	1060	1291	1254	1144	1336	1263					
72	\$	767	1060	1291	1254	1144	1336	1263					
73	\$	767	1060	1291	1254	1144	1336	1263					
74	\$	767	1060	1291	1254	1144	1336	1263					
75	\$	836	1167	1429	1394	1316	1456	1391					
76	\$	836	1167	1429	1394	1316	1456	1391					
77	\$	836	1167	1429	1394	1316	1456	1391					
78	\$	836	1167	1429	1394	1316	1456	1391					
79	\$	836	1167	1429	1394	1316	1456	1391					
80	\$	886	1255	1542	1523	1419	1556	1510					

**CONTINENTAL LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400-402**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1195	1650	2002	1906	1852	2096	1934					
65	\$	746	1032	1252	1190	1157	1309	1209					
66	\$	752	1038	1257	1195	1162	1313	1214					
67	\$	752	1038	1257	1195	1162	1313	1214					
68	\$	752	1038	1257	1195	1162	1313	1214					
69	\$	752	1038	1257	1195	1162	1313	1214					
70	\$	844	1166	1420	1379	1258	1470	1389					
71	\$	844	1166	1420	1379	1258	1470	1389					
72	\$	844	1166	1420	1379	1258	1470	1389					
73	\$	844	1166	1420	1379	1258	1470	1389					
74	\$	844	1166	1420	1379	1258	1470	1389					
75	\$	920	1284	1572	1533	1448	1602	1530					
76	\$	920	1284	1572	1533	1448	1602	1530					
77	\$	920	1284	1572	1533	1448	1602	1530					
78	\$	920	1284	1572	1533	1448	1602	1530					
79	\$	920	1284	1572	1533	1448	1602	1530					
80	\$	975	1381	1696	1675	1561	1712	1661					

## CONTINENTAL LIFE INSURANCE COMPANY

**MAILING ADDRESS** P O BOX 1188

**CITY** BRENTWOOD      **STATE TN**      **ZIP** 37024-1188

**TELEPHONE** (615) 377-1300

<b>DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>NOTES</b>
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### DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT#3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<b>RATING METHODS</b>	<b>AVAILABILITY</b>	<b>MARKETING APPROACH</b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**CONTINENTAL LIFE INSURANCE COMPANY****Annual Rates  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$	451	492	640	533		685						
66	\$	464	508	658	546		705						
67	\$	477	521	676	559		725						
68	\$	493	536	6996	573		747						
69	\$	508	553	717	588		769						
70	\$	526	571	739	604		794						
71	\$	544	589	764	622		818						
72	\$	563	609	788	642		845						
73	\$	582	630	814	662		871						
74	\$	602	653	839	684		90						
75	\$	622	675	866	706		929						
76	\$	642	698	895	730		960						
77	\$	662	722	925	755		991						
78	\$	682	745	955	779		1025						
79	\$	702	768	986	804		1058						
80	\$	724	793	1017	828		1093						

**CONTINENTAL LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400-402  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$	496	542	704	586		754						
66	\$	510	559	724	601		776						
67	\$	525	573	744	615		798						
68	\$	542	590	766	630		822						
69	\$	559	608	789	647		846						
70	\$	579	628	813	664		873						
71	\$	599	648	840	684		900						
72	\$	619	670	867	706		930						
73	\$	640	693	895	728		958						
74	\$	662	718	923	752		990						
75	\$	684	743	953	777		1022						
76	\$	706	768	985	803		1056						
77	\$	728	794	1018	831		1090						
78	\$	750	820	1051	857		1128						
79	\$	772	845	1085	884		1164						
80	\$	796	872	1119	911		1202						

# EQUITABLE LIFE AND CASUALTY INSURANCE COMPANY

**MAILING ADDRESS**      3 TRIAD CENTER, SUITE 200

**CITY**                    SALT LAKE CITY    **STATE** UT    **ZIP** 84180-

**TELEPHONE**            (800) 352-5170

<b>DESCRIPTION OF PRE- EXISTING EXCLUSION</b>	<b>6 MONTHS FOR PLANS H-J</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>NOTES</b>
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## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_

PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_

PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**EQUITABLE LIFE AND CASUALTY INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400-402,  
407-409,  
411-418,  
420-423, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>
<65	\$ 947.00	1640.00	2039.00	1944.00	1921.00	2183.00	2075.00	3303.00	3537.00	3964.00	982.00
65	\$ 693.00	1129.00	1301.00	1174.00	1224.00	1412.00	1260.00	2347.00	2505.00	2863.00	635.00
66	\$ 717.00	1165.00	1355.00	1224.00	1273.00	1468.00	1315.00	2402.00	2559.00	2913.00	661.00
67	\$ 738.00	1209.00	1409.00	1273.00	1322.00	1522.00	1368.00	2457.00	2615.00	2977.00	685.00
68	\$ 765.00	1255.00	1463.00	1329.00	1377.00	1581.00	1422.00	2523.00	2690.00	3053.00	711.00
69	\$ 794.00	1301.00	1518.00	1382.00	1432.00	1645.00	1481.00	2596.00	2768.00	3140.00	740.00
70	\$ 820.00	1347.00	1573.00	1441.00	1491.00	1708.00	1540.00	2668.00	2846.00	3224.00	769.00
71	\$ 844.00	1391.00	1631.00	1500.00	1544.00	1772.00	1601.00	2740.00	2922.00	3311.00	797.00
72	\$ 862.00	1432.00	1684.00	1559.00	1601.00	1835.00	1659.00	2813.00	3000.00	3399.00	826.00
73	\$ 888.00	1473.00	1744.00	1618.00	1653.00	1900.00	1722.00	2887.00	3076.00	3484.00	855.00
74	\$ 907.00	1509.00	1800.00	1678.00	1704.00	1958.00	1780.00	2953.00	3152.00	3565.00	881.00
75	\$ 917.00	1540.00	1849.00	1732.00	1753.00	2012.00	1839.00	3018.00	3224.00	3643.00	905.00
76	\$ 929.00	1568.00	1893.00	1776.00	1794.00	2062.00	1900.00	3085.00	3299.00	3719.00	928.00
77	\$ 938.00	1594.00	1935.00	1821.00	1835.00	2103.00	1953.00	3140.00	3362.00	3784.00	946.00
78	\$ 938.00	1612.00	1976.00	1866.00	1863.00	2134.00	1997.00	3194.00	3421.00	3846.00	960.00
79	\$ 944.00	1627.00	2006.00	1907.00	1893.00	2162.00	2039.00	3249.00	3480.00	3905.00	973.00
80+	\$ 947.00	1640.00	2039.00	1944.00	1921.00	2183.00	2075.00	3303.00	3537.00	3964.00	982.00

**EQUITABLE LIFE AND CASUALTY INSURANCE COMPANY**

**Annual Rates  
All Zip Codes  
except:  
413-418,  
400-402,  
407-409  
411-412,  
420-423, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 876.00	1516.00	1886.00	1798.00	1776.00	2019.00	1919.00	3054.00	3271.00	3666.00	909.00	
65	\$ 641.00	1044.00	1203.00	1086.00	1132.00	1306.00	1165.00	2170.00	2317.00	2647.00	588.00	
66	\$ 663.00	1077.00	1253.00	1132.00	1177.00	1358.00	1216.00	2221.00	2367.00	2694.00	611.00	
67	\$ 682.00	1118.00	1303.00	1177.00	1223.00	1408.00	1265.00	2272.00	2418.00	2753.00	634.00	
68	\$ 708.00	1160.00	1353.00	1229.00	1274.00	1462.00	1315.00	2333.00	2488.00	2823.00	658.00	
69	\$ 734.00	1203.00	1404.00	1278.00	1325.00	1521.00	1369.00	2401.00	2559.00	2903.00	684.00	
70	\$ 759.00	1245.00	1455.00	1332.00	1378.00	1580.00	1424.00	2467.00	2631.00	2981.00	711.00	
71	\$ 780.00	1286.00	1508.00	1387.00	1428.00	1638.00	1480.00	2534.00	2702.00	3062.00	737.00	
72	\$ 797.00	1325.00	1557.00	1442.00	1480.00	1697.00	1534.00	2601.00	2774.00	3143.00	764.00	
73	\$ 821.00	1362.00	1613.00	1497.00	1529.00	1757.00	1592.00	2670.00	2845.00	3222.00	791.00	
74	\$ 839.00	1395.00	1665.00	1551.00	1576.00	1810.00	1646.00	2730.00	2915.00	3296.00	815.00	
75	\$ 847.00	1424.00	1710.00	1601.00	1621.00	1860.00	1701.00	2791.00	2981.00	3368.00	837.00	
76	\$ 859.00	1450.00	1751.00	1642.00	1659.00	1907.00	1757.00	2852.00	3051.00	3439.00	858.00	
77	\$ 867.00	1474.00	1789.00	1684.00	1697.00	1944.00	1805.00	2903.00	3108.00	3498.00	875.00	
78	\$ 867.00	1491.00	1827.00	1725.00	1722.00	1974.00	1846.00	2953.00	3163.00	3556.00	888.00	
79	\$ 873.00	1504.00	1855.00	1763.00	1751.00	1999.00	1886.00	3004.00	3218.00	3611.00	900.00	
80	\$ 876.00	1516.00	1886.00	1798.00	1776.00	2019.00	1919.00	3054.00	3271.00	3666.00	909.00	

# GE LIFE & ANNUITY ASSURANCE COMPANY

**MAILING ADDRESS** PO BOX 6700

**CITY** LYNCHBURG **STATE VA** **ZIP** 24505

**TELEPHONE** (800) 628-22381

**DESCRIPTION OF PRE-  
EXISTING EXCLUSION** **COVERED  
IMMEDIATELY** **DESCRIPTION OF \_\_\_\_\_ NOTES \_\_\_\_\_**  
**UNINSURED BENEFITS**

**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<b>RATING METHODS</b>	<b>AVAILABILITY</b>	<b>MARKETING APPROACH</b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**GE LIFE & ANNUITY ASSURANCE COMPANY****Annual Rates**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 929		1840	1323		1968					3359	
65	\$ 578		1178	840		1218					2438	
66	\$ 578		1178	840		1218					2438	
67	\$ 578		1178	840		1218					2438	
68	\$ 578		1178	840		1218					2438	
69	\$ 578		1178	840		1218					2438	
70	\$ 629		1290	932		1342					2639	
71 ,	\$ 629		1290	932		1342					2639	
72	\$ 629		1290	932		1342					2639	
73	\$ 629		1290	932		1342					2639	
74	\$ 629		1290	932		1342					2639	
75	\$ 693		1422	1024		1503					2860	
76	\$ 693		1422	1024		1503					2860	
77	\$ 693		1422	1024		1503					2860	
78	\$ 693		1422	1024		1503					2860	
79	\$ 693		1422	1024		1503					2860	
80	\$ 761		1549	1116		1584					3037	

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

MAILING ADDRESS 1275 MILWAUKEE AVE

CITY                    GLENVIEW     STATE FL     ZIP 60025-

TELEPHONE (800)323-6907

DESCRIPTION OF PRE- EXISTING EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT #3 (DESCRIPTION)	AMOUNT #3

<b>RATING METHODS</b>	<b>AVAILABILITY</b>	<b>MARKETING APPROACH</b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**GUARANTEE TRUST LIFE INSURANCE COMPANY****ANNUAL RATES  
MEDICARE  
SELECT**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 699.35	814.20	780.55		897.00							
65	\$ 699.35	814.20	780.55		897.00							
66	\$ 722.60	840.90	806.95		926.20							
67	\$ 744.95	867.55	832.50		956.30							
68	\$ 770.05	896.10	859.75		988.15							
69	\$ 795.15	926.45	888.80		1021.70							
70	\$ 820.25	955.90	916.95		1056.10							
71 ,	\$ 846.30	986.25	946.00		1090.50							
72	\$ 871.40	1015.70	975.05		1124.00							
73	\$ 893.75	1042.35	1000.55		1154.10							
74	\$ 917.00	1069.05	1026.10		1183.35							
75	\$ 939.30	1095.70	1051.60		1213.45							
76	\$ 962.55	1122.40	1077.10		1242.70							
77	\$ 984.85	1149.10	1103.50		1272.80							
78	\$ 1007.20	1174.85	1127.30		1301.20							
79	\$ 1029.50	1199.70	1151.90		1329.55							
80	\$ 1050.90	1224.50	1175.70		1358.80							

**GUARANTEE TRUST LIFE INSURANCE COMPANY****Annual Rates  
Standard**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ \$744.50	1120.50	1309.80	1197.45		1314.20	1273.80				442.00	
65	\$ 744.50	1120.50	1309.80	1197.45		1314.20	1273.80				442.00	
66	\$ 768.95	1157.75	1352.70	1237.95		1357.00	1315.70				457.00	
67	\$ 794.90	1193.50	1395.65	1277.10		1401.10	1358.90				471.00	
68	\$ 820.80	1233.70	1441.50	1318.95		1447.75	1403.35				487.00	
69	\$ 849.60	1273.95	1490.35	1363.50		1496.90	1449.05				504.00	
70	\$ 876.95	1314.20	1537.70	1406.70		1547.30	1496.05				521.00	
71	\$ 905.75	1355.90	1586.55	1451.25		1597.70	1541.80				538.00	
72	\$ 934.55	1396.15	1633.90	1495.80		1646.80	1588.75				554.00	
73	\$ 959.05	1431.90	1676.85	1534.95		1690.90	1630.70				569.00	
74	\$ 983.50	1469.15	1719.75	1574.10		1733.75	1671.30				583.00	
75	\$ 1008.00	1504.90	1762.70	1613.25		1777.85	1713.25				598.00	
76	\$ 1032.50	1542.15	1805.60	1652.40		1820.70	1753.85				613.00	
77	\$ 1056.95	1577.90	1848.50	1692.90		1864.80	1795.80				628.00	
78	\$ 1081.45	1613.65	1889.95	1729.35		1906.40	1836.40				642.00	
79	\$ 1104.50	1649.45	1929.90	1767.15		1947.95	1875.80				656.00	
80	\$ 1127.50	1683.70	1969.90	1803.60		1990.80	1916.45				670.00	

**LIFE INVESTORS INSURANCE COMPANY OF AMERICA****MAILING ADDRESS**      520 PARK AVENUE**CITY**                    BALTIMORE                    **STATE** MD                    **ZIP** 21201-4500**TELEPHONE**                (800) 752-9797**DESCRIPTION OF PRE- 6 MONTHS EXISTING EXCLUSION**      **DESCRIPTION OF UNINSURED BENEFITS** \_\_\_\_\_      **NOTES** \_\_\_\_\_DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_

PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_

PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**LIFE INVESTORS INSURANCE COMPANY OF AMERICA****Annual Rates**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
<65	\$ 636	1032	1164	1152	1188	1332	1296	2256	2604	4260		
65	\$ 636	1032	1164	1152	1188	1332	1296	2256	2604	4260		
66	\$ 636	1032	1164	1152	1188	1332	1296	2256	2604	4260		
67	\$ 636	1032	1164	1152	1188	1332	1296	2256	2604	4260		
68	\$ 780	1260	1404	1368	1440	1644	1572	2760	3168	5220		
69	\$ 780	1260	1404	1368	1440	1644	1572	2760	3168	5220		
70	\$ 780	1260	1404	1368	1440	1644	1572	2760	3168	5220		
71	\$ 972	1536	1740	1704	1752	2028	1932	3384	3888	6408		
72	\$ 972	1536	1740	1704	1752	2028	1932	3384	3888	6408		
73	\$ 972	1536	1740	1704	1752	2028	1932	3384	3888	6408		
74	\$ 972	1536	1740	1704	1752	2028	1932	3384	3888	6408		
75	\$ 1200	1920	2172	2112	2208	2484	2400	4212	4824	7944		
76	\$ 1200	1920	2172	2112	2208	2484	2400	4212	4824	7944		
77	\$ 1200	1920	2172	2112	2208	2484	2400	4212	4824	7944		
78	\$ 1200	1920	2172	2112	2208	2484	2400	4212	4824	7944		
79	\$ 1200	1920	2172	2112	2208	2484	2400	4212	4824	7944		
80	\$ 1200	1920	2172	2112	2208	2484	2400	4212	4824	7944		

**MONUMENTAL LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 504	768	972	948	984	1116	1080	1584	1812	2640		
65	\$ 504	768	972	948	984	1116	1080	1584	1812	2640		
66	\$ 552	828	1032	1032	1092	1200	1164	1692	1968	2868		
67	\$ 576	888	1128	1104	1140	1296	1224	1812	2100	3048		
68	\$ 624	948	1200	1164	1224	1380	1332	1944	2232	3276		
69	\$ 648	996	1272	1236	1284	1464	1392	2052	2388	3444		
70	\$ 708	1068	1344	1308	1368	1548	1488	2184	2520	3648		
71	\$ 744	1116	1416	1392	1452	1644	1572	2304	2664	3876		
72	\$ 804	1212	1536	1512	1572	1764	1716	2496	2904	4212		
73	\$ 852	1308	1656	1608	1680	1908	1836	2664	3096	4488		
74	\$ 900	1356	1716	1692	1752	1980	1908	2784	3240	4680		
75	\$ 924	1404	1776	1728	1800	2040	1968	2880	3324	4824		
76	\$ 936	1440	1800	1776	1848	2088	2016	2940	3396	4932		
77	\$ 960	1464	1848	1800	1884	2124	2052	3000	3480	5016		
78	\$ 984	1512	1908	1860	1944	2172	2112	3096	3564	5184		
79	\$ 1008	1548	1944	1908	1980	2256	2160	3168	3672	5340		
80	\$ 1032	1572	1992	1956	2040	2304	2232	3240	3756	5436		

**MUTUAL OF OMAHA INSURANCE COMPANY**

MAILING ADDRESS                    MUTUAL OF OMAHA PLAZA

CITY                                    OMAHA                            STATE NE                            ZIP 68175-

TELEPHONE                            (800) 775-6000

DESCRIPTION OF PRE- 6 MONTHS EXISTING EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	<b>Discount Prescription Drug Card</b>	NOTES —————
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DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT #3 (DESCRIPTION)	AMOUNT #3

RATING METHODS	AVAILABILITY	MARKETING APPROACH
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**MUTUAL OF OMAHA INSURANCE COMPANY**

**Annual Rates  
Non-smoker  
Medicare  
Select  
Zip Codes:  
402,411,417,  
418,420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	2627.04	2735.60	2878.86	2773.13	3102.08	2938.91	2796.08					
65	\$	1117.06	1141.32	1243.79	1161.45	1351.16	1269.46	1170.48					
66	\$	1117.06	1141.32	1243.79	1161.45	1351.16	1269.46	1170.48					
67	\$	1165.14	1192.45	1290.78	1212.46	1400.00	1317.43	1222.25					
68	\$	1216.71	1251.40	1344.96	1271.42	1456.56	1372.80	1281.75					
69	\$	1270.44	1312.21	1400.98	1332.23	1514.76	1430.02	1343.11					
70	\$	1324.17	1372.91	1456.67	1392.82	1572.74	1487.02	1404.24					
71	\$	1377.81	1432.95	1512.04	1452.97	1630.17	1543.48	1464.94					
72	\$	1431.76	1492.89	1566.98	1512.80	1687.51	1599.72	1525.42					
73	\$	1485.72	1552.61	1621.91	1572.53	1744.15	1655.95	1585.69					
74	\$	1513.02	1580.25	1647.36	1600.26	1771.15	1681.96	1613.76					
75	\$	1540.65	1607.98	1672.82	1628.00	1797.70	1708.07	1641.82					
76	\$	1567.63	1634.85	1697.51	1654.87	1823.37	1733.41	1669.01					
77	\$	1594.72	1661.94	1722.42	1881.84	1849.26	1758.86	1696.53					
78	\$	1622.24	1688.37	1746.90	1708.39	1874.61	1783.88	1723.40					
79	\$	1651.83	1717.74	1773.77	1737.87	1902.78	1811.62	1753.21					
80	\$	1773.66	1854.15	1899.30	1874.28	2033.32	1939.76	1890.92					

**MUTUAL OF OMAHA INSURANCE COMPANY**

**Annual Rates**  
**Non-smoker**  
**Medicare**  
**Select**  
**Zip Codes:**  
**400, 401,**  
**403-410,**  
**412-416,**  
**421-427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	2010.49	2093.57	2203.21	2122.29	2374.04	2249.17	2139.86					
65	\$	854.89	873.46	951.88	888.86	1034.05	971.53	895.77					
66	\$	854.89	873.46	951.88	888.86	1034.05	971.53	895.77					
67	\$	891.69	912.59	987.84	927.90	1071.43	1008.24	935.40					
68	\$	931.15	957.71	1029.30	973.03	1114.72	1050.62	980.93					
69	\$	972.28	1004.24	1072.18	1019.56	1159.26	1094.40	1027.89					
70	\$	1013.40	1050.70	1114.80	1065.93	1203.63	1138.03	1074.67					
71	\$	1054.44	1096.65	1157.18	1111.97	1247.58	1181.23	1121.13					
72	\$	1095.74	1142.52	1199.22	1157.76	1291.46	1224.27	1167.41					
73	\$	1137.03	1188.23	1241.26	1206.46	1335.25	1267.31	1213.54					
74	\$	1157.92	1209.37	1260.74	1224.69	1355.48	1287.21	1235.01					
75	\$	1179.07	1230.60	1280.22	1245.92	1375.79	1307.19	1256.49					
76	\$	1199.72	1261.16	1299.12	1266.48	1395.44	1326.59	1277.30					
77	\$	1220.45	1271.89	1318.18	1287.13	1415.25	1346.07	1298.37					
78	\$	1241.51	1292.12	1336.91	1307.44	1434.65	1365.22	1318.93					
79	\$	1264.15	1314.60	1357.47	1330.00	1456.21	1386.45	1341.74					
80	\$	1357.39	1419.00	1453.55	1434.40	1556.11	1484.51	1447.13					

**MUTUAL OF OMAHA INSURANCE COMPANY**

**Annual Rates  
Non-smoker  
Zip Codes:  
402, 411, 417,  
418,420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	2627.04		3378.49	3020.82		3426.35						
65	\$	1117.06		1436.22	1284.26		1456.89						
66	\$	1117.06		1436.22	1284.26		1456.89						
67	\$	1165.14		1498.12	1339.41		1519.33						
68	\$	1216.71		1564.26	1399.13		1586.88						
69	\$	1270.44		1633.66	1460.70		1656.93						
70	\$	1324.17		1703.39	1522.81		1727.21						
71	\$	1377.81		1772.02	1584.38		1797.27						
72	\$	1431.76		1841.32	1646.49		1867.43						
73	\$	1485.72		1910.50	1708.17		1937.59						
74	\$	1513.02		1945.42	1739.82		1973.16						
75	\$	1540.65		1981.21	1771.05		2009.16						
76	\$	1567.63		2016.13	1802.27		2044.41						
77	\$	1594.72		2050.50	1833.92		2080.09						
78	\$	1622.24		2085.75	1864.92		2115.45						
79	\$	1651.83		2124.04	1899.49		2154.39						
80	\$	1773.66		2281.11	2039.30		2313.43						

**MUTUAL OF OMAHA INSURANCE COMPANY**

**Annual Rates  
Non-smoker  
Zip Codes:  
400, 401  
403-410,  
412-416,  
421-427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	2010.49		2585.58	2311.85		2622.21						
65	\$	854.89		1099.15	982.85		1114.97						
66	\$	854.89		1099.15	982.85		1114.97						
67	\$	891.69		1146.52	1025.06		1162.75						
68	\$	931.15		1197.14	1070.76		1214.45						
69	\$	972.28		1250.25	1117.88		1268.06						
70	\$	1013.40		1303.61	1165.42		1321.84						
71	\$	1054.44		1356.14	1212.54		1375.46						
72	\$	1095.74		1409.17	1260.07		1429.15						
73	\$	1137.03		1462.12	1307.27		1482.85						
74	\$	1157.92		1488.84	1331.50		1510.07						
75	\$	1179.07		1516.23	1355.39		1537.63						
76	\$	1199.72		1542.96	1379.29		1564.80						
77	\$	1220.45		1569.26	1403.51		1591.91						
78	\$	1241.51		1596.24	1427.24		1618.96						
79	\$	1264.15		1625.54	1453.48		1648.77						
80	\$	1357.39		1745.75	150.69		1770.48						

# MUTUAL PROTECTIVE INSURANCE COMPANY

**MAILING ADDRESS**      1515 SOUTH 75TH STREET  
**CITY**                    OMAHA                **STATE NE**            **ZIP** 68124  
**TELEPHONE**             (800) 228-6080

**DESCRIPTION OF PRE-  
EXISTING EXCLUSION**      **DESCRIPTION OF  
UNINSURED BENEFITS**      **NOTES**

## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**MUTUAL PROTECTIVE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400-402,410,  
423-424**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>F*</b>	<b>J*</b>
65	\$ 519	589	739	666		727							
66	\$ 592	683	839	775		929							
67	\$ 592	683	839	775		929							
68	\$ 592	683	839	775		929							
69	\$ 592	683	839	775		929							
70	\$ 657	754	919	865		1016							
71	\$ 657	754	919	865		1016							
72	\$ 657	754	919	865		1016							
73	\$ 741	857	1041	997		1153							
74	\$ 741	857	1041	997		1153							
75	\$ 741	857	1041	997		1153							
76	\$ 777	903	1084	1052		1199							
77	\$ 777	903	1084	1052		1199							
78	\$ 777	903	1084	1052		1199							
79	\$ 777	903	1084	1052		1199							
80	\$ 835	991	1221	1211		1343							

**MUTUAL PROTECTIVE INSURANCE COMPANY****Annual Rates****Zip Codes:****414,425-427,****403-409,****411-413,****415-418,****420-422**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	1162		1945			1945	1867					
65	777		1285			1285	1210					
66	819		1360			1360	1290					
67	819		1360			1360	1290					
68	819		1360			1360	1290					
69	819		1360			1360	1290					
70	895		1495			1495	1437					
71	895		1495			1495	1437					
72	895		1495			1495	1437					
73	949		1605			1605	1555					
74	949		1605			1605	1555					
75	949		1605			1605	1555					
76	983		1692			1692	1652					
77	983		1692			1692	1652					
78	983		1692			1692	1652					
79	983		1692			1692	1652					
80	1012		1787			1787	1759					

**MUTUAL PROTECTIVE INSURANCE COMPANY****Annual Rates**

**Zip Codes:  
400-402,410,  
423-424**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1258		2105				2105	2021				
65	\$ 841		1391				1391	1310				
66	\$ 867		1472				1472	1397				
67	\$ 867		1472				1472	1397				
68	\$ 867		1472				1472	1397				
69	\$ 867		1472				1472	1397				
70	\$ 969		1618				1618	1555				
71	\$ 969		1618				1618	1555				
72	\$ 969		1618				1618	1555				
73	\$ 1028		1737				1737	1683				
74	\$ 1028		1737				1737	1683				
75	\$ 1028		1737				1737	1683				
76	\$ 1064		1831				1831	1788				
77	\$ 1064		1831				1831	1788				
78	\$ 1064		1831				1831	1788				
79	\$ 1064		1831				1831	1788				
80	\$ 1096		1934				1934	1903				

**MUTUAL PROTECTIVE INSURANCE COMPANY****Annual Rates****Zip Codes:**

**414,425-427,  
403-409,  
411-413,  
415-418,  
420-422**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 479	544	683	615		754						
66	\$ 547	631	775	716		858						
67	\$ 547	631	775	716		858						
68	\$ 547	631	775	716		858						
69	\$ 547	631	775	716		858						
70	\$ 606	697	849	799		938						
71	\$ 606	697	849	799		938						
72	\$ 606	697	849	799		938						
73	\$ 684	792	961	921		1065						
74	\$ 684	792	961	921		1065						
75	\$ 684	792	961	921		1065						
76	\$ 718	831	1001	972		1108						
77	\$ 718	831	1001	972		1108						
78	\$ 718	831	1001	972		1108						
79	\$ 718	831	1001	972		1108						
80	\$ 772	915	1128	1119		1241						

**NATIONAL STATES INSURANCE COMPANY**

**MAILING ADDRESS** 1830 CRAIG PARK COURT, STE 100  
**CITY** ST LOUIS      **STATE** MO      **ZIP** 63146  
**TELEPHONE** (800) 868-6788

**DESCRIPTION OF PRE-  
EXISTING EXCLUSION** \_\_\_\_\_ **DESCRIPTION OF  
UNINSURED BENEFITS** \_\_\_\_\_ **NOTES** \_\_\_\_\_

DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_

PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_

PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

# NATIONAL STATES INSURANCE COMPANY

## **Annual Rates**

# NATIONAL STATES INSURANCE COMPANY

## **Annual Rates**

# NATIONAL STATES INSURANCE COMPANY

## **Annual Rates**

**NATIONAL STATES INSURANCE COMPANY****Annual Rates**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
65	\$					1537.31						
66	\$					1537.31						
67	\$					1537.31						
68	\$					1712.63						
69	\$					1712.63						
70	\$					1712.63						
71	\$					1779.98						
72	\$					1779.98						
73	\$					1779.98						
74	\$					1779.98						
75	\$					1779.98						
76	\$					1995.96						
77	\$					1995.96						
78	\$					1995.96						
79	\$					1995.96						
80	\$					1995.96						

**NATIONWIDE LIFE INSURANCE: COMPANY****MAILING ADDRESS** ONE NATIONWIDE PLAZA**CITY** COLUMBUS STATE OH ZIP 43215-2220**TELEPHONE** (800)535-8600

DESCRIPTION OF PRE \_\_\_\_\_  
EXISTING EXCLUSION **6 MONTHS -CREDIT** FOR PRIOR COVERAGE DESCRIPTION OF \_\_\_\_\_ NOTES \_\_\_\_\_  
UNINSURED BENEFITS

DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_

PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_

PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**NATIONWIDE LIFE INSURANCE COMPANY****Annual Rates****Male****Zip Codes:**  
**403-409,**  
**411-418,**  
**420-427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	990.25	1497.70	1842.80			1913.35						
65	\$	815.15	1152.60	1452.65			1517.25						
66	\$	815.15	1152.60	1452.65			1517.25						
67	\$	815.15	1152.60	1452.65			1517.25						
68	\$	815.15	1152.60	1452.65			1517.25						
69	\$	815.15	1152.60	1452.65			1517.25						
70	\$	875.50	1267.35	1576.75			1644.75						
71	\$	875.50	1267.35	1576.75			1644.75						
72	\$	875.50	1267.35	1576.75			1644.75						
73	\$	875.50	1267.35	1576.75			1644.75						
74	\$	875.50	1267.35	1576.75			1644.75						
75	\$	915.45	1677.05	1677.05			1745.05						
76	\$	915.45	1677.05	1677.05			1745.05						
77	\$	915.45	1677.05	1677.05			1745.05						
78	\$	915.45	1677.05	1677.05			1745.05						
79	\$	915.45	1677.05	1677.05			1745.05						
80	\$	940.10	1744.20	1744.20			1812.20						

**NATIONWIDE LIFE INSURANCE COMPANY**

**Annual Rates**  
**Female**  
**Zip Codes:**  
**403-409,**  
**411-418,**  
**420-427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	897.60	1374.45	1708.50			1769.70						
65	\$	730.15	1026.80	1314.95			1369.35						
66	\$	730.15	1026.80	1314.95			1369.35						
67	\$	730.15	1026.80	1314.95			1369.35						
68	\$	730.15	1026.80	1314.95			1369.35						
69	\$	730.15	1026.80	1314.95			1369.35						
70	\$	779.45	1118.60	1412.70			1471.35						
71	\$	779.45	1118.60	1412.70			1471.35						
72	\$	779.45	1118.60	1412.70			1471.35						
73	\$	779.45	1118.60	1412.70			1471.35						
74	\$	779.45	1118.60	1412.70			1471.35						
75	\$	824.50	1213.80	1524.90			1583.55						
76	\$	824.50	1213.80	1524.90			1583.55						
77	\$	824.50	1213.80	1524.90			1583.55						
78	\$	824.50	1213.80	1524.90			1583.55						
79	\$	824.50	1213.80	1524.90			1583.55						
80	\$	851.70	1291.15	1610.75			1670.25						

**NATIONWIDE LIFE INSURANCE COMPANY**

**Annual Rates  
Male  
Zip Codes:  
400-402,410**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1106.75	1673.90	2059.60			2138.45						
65	\$	816.05	1147.60	1469.65			1530.45						
66	\$	816.05	1147.60	1469.65			1530.45						
67	\$	816.05	1147.60	1469.65			1530.45						
68	\$	816.05	1147.60	1469.65			1530.45						
69	\$	816.05	1147.60	1469.65			1530.45						
70	\$	871.15	1250.20	1578.90			1644.45						
71	\$	871.15	1250.20	1578.90			1644.45						
72	\$	871.15	1250.20	1578.90			1644.45						
73	\$	871.15	1250.20	1578.90			1644.45						
74	\$	871.15	1250.20	1578.90			1644.45						
75	\$	921.50	1356.60	1704.30			1769.85						
76	\$	921.50	1356.60	1704.30			1769.85						
77	\$	921.50	1356.60	1704.30			1769.85						
78	\$	921.50	1356.60	1704.30			1769.85						
79	\$	921.50	1356.60	1704.30			1769.85						
80	\$	951.90	1443.05	1800.25			1866.95						

**NATIONWIDE LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Zip Codes:  
400-402,410**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1003.20	1536.15	1909.50			1977.90						
65	\$	816.05	1147.60	1469.65			1530.45						
66	\$	816.05	1147.60	1469.65			1530.45						
67	\$	816.05	1147.60	1469.65			1530.45						
68	\$	816.05	1147.60	1469.65			1530.45						
69	\$	816.05	1147.60	1469.65			1530.45						
70	\$	871.15	1250.20	1578.90			1644.45						
71	\$	871.15	1250.20	1578.90			1644.45						
72	\$	871.15	1250.20	1578.90			1644.45						
73	\$	871.15	1250.20	1578.90			1644.45						
74	\$	871.15	1250.20	1578.90			1644.45						
75	\$	921.50	1356.60	1704.30			1769.85						
76	\$	921.50	1356.60	1704.30			1769.85						
77	\$	921.50	1356.60	1704.30			1769.85						
78	\$	921.50	1356.60	1704.30			1769.85						
79	\$	921.50	1356.60	1704.30			1769.85						
80	\$	951.90	1443.05	1800.25			1806.75						

## **ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA**

**MAILING ADDRESS** 632 NORTH PARK STREET

**CITY** COLUMBUS **STATE OH** **ZIP** 43215-

**TELEPHONE** (800) 848-0123

**DESCRIPTION OF PRE-  
EXISTING EXCLUSION** **PLANS A & B (6 MONTHS)** **PLANS C & F (3 MONTHS)** **DESCRIPTION OF \_\_\_\_\_ NOTES \_\_\_\_\_**  
**UNINSURED BENEFITS**

### DISCOUNTS (if available)

'REMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
'REMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
'REMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

RATING METHODS AVAILABILITY MARKETING APPROACH

ATTAINED AGE  GUARANTEED ISSUE  AGENT MARKETED

ISSUE AGE  UNDERWRITTEN  DIRECT MAIL

COMMUNITY RATED

**RDER OF UNITED COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY****Annual Rates  
Non-smoker**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$	778	1004	1204	1102		1237						
66	\$	816	1055	1261	1160		1295						
67	\$	853	1106	131	1217		1353						
68	\$	891	1157	1373	1274		1411						
69	\$	928	1208	1430	1331		1469						
70	\$	964	1258	1485	1388		1526						
71	\$	999	1307	1540	1443		1583						
72	\$	1033	1355	1594	1498		1638						
73	\$	1065	1402	1647	1551		1692						
74	\$	1096	1447	1698	1602		1745						
75	\$	1125	1490	1747	1651		1795						
76	\$	1153	1531	1794	1698		1843						
77	\$	1178	1569	1838	1742		1889						
78	\$	1200	1605	1880	1783		1931						
79	\$	1220	1638	1918	1821		1971						
80	\$	1238	1667	1954	1856		2007						
81	\$	1252	1694	1986	1887		2040						
82	\$	1267	1720	2017	1918		2072						
83	\$	1282	1745	2048	1948		2104						

**RDER OF UNITED COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY****Annual Rates  
Non-smoker**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$	1296	177	2078	19977		2135						
85	\$	1311	1795	2107	2005		2165						
86	\$	1326	1818	2136	2030		2195						
87	\$	1341	1842	2164	2053		2223						
88	\$	1355	1864	2190	2075		2251						
89	\$	1370	1885	2216	2097		2277						
90	\$	1385	1906	2241	2117		2302						
91	\$	1399	1926	2264	2136		2326						
92	\$	1414	1945	2286	2153		2349						
93	\$	1429	1963	2308	2170		2371						
94	\$	1443	1980	2327	2185		2391						
95	\$	1458	1997	2436	2199		2410						
96	\$	1472	2013	2365	2212		2430						
97	\$	1487	2030	2384	2226		2449						
98	\$	1502	2047	2403	2240		2469						
99	\$	1517	2063	2423	2255		2489						

**RDER OF UNITED COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY****Annual Rates  
Smoker**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$	913	1178	1414	1295		1453						
66	\$	958	1239	1480	1362		1521						
67	\$	1002	1299	1547	1429		1589						
68	\$	1046	1359	1613	1496		1657						
69	\$	1090	1418	1679	1563		1725						
70	\$	1132	1477	1744	1630		1792						
71	\$	1173	1535	1809	1695		1859						
72	\$	1213	1591	1872	1759		1924						
73	\$	1251	1646	1934	1821		1987						
74	\$	1288	1699	1994	1881		2049						
75	\$	1322	1750	2052	1939		2108						
76	\$	1354	1798	2107	1994		2164						
77	\$	1383	1843	2159	2046		2218						
78	\$	1409	1885	2207	2094		2268						
79	\$	1433	1923	2253	2139		2315						
80	\$	1454	1958	2294	2180		2357						
81	\$	1471	1989	2332	2216		2396						
82	\$	1488	2020	2369	2252		2434						
83	\$	1505	2050	2405	2287		2471						

**RDER OF UNITED COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY****Annual Rates  
Smoker**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$	1523	2079	2440	2321		2507						
85	\$	1540	2108	2475	2355		2543						
86	\$	1557	2136	2508	2383		2577						
87	\$	1574	2163	2541	2411		2611						
88	\$	1592	2189	2572	2437		2643						
89	\$	1609	2214	2602	2462		2674						
90	\$	1626	2239	2631	2486		2704						
91	\$	1643	2262	2659	2508		2732						
92	\$	1661	2284	2685	2529		2759						
93	\$	1678	2306	2710	2548		2784						
94	\$	1695	2326	2733	2566		2808						
95	\$	1712	2345	2755	2582		2831						
96	\$	1729	2364	2777	2598		2853						
97	\$	1746	2384	2800	2615		2876						
98	\$	1764	2403	2822	2361		2900						
99	\$	1782	2423	2845	2648		2923						

## **OXFORD LIFE INSURANCE COMPANY**

**MAILING ADDRESS** P O BOX 46518

**CITY** MADISON      **STATE WI**      **ZIP** 53744-6518

**TELEPHONE** (877) 469-3073

<b>DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>NOTES</b> <b>SMOKERS RATES</b> <b>115% OF PREMIUMS</b>
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT#3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<b>RATING METHODS</b>	<b>AVAILABILITY</b>	<b>MARKETING APPROACH</b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**OXFORD LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$	815.00	1055.00	1263.00	1178.00		1315.00			1897.00			
66	\$	842.00	1089.00	1304.00	1215.00		1357.00			1952.00			
67	\$	879.00	1133.00	1360.00	1265.00		14515.00			2021.00			
68	\$	908.00	1170.00	1405.00	1308.00		1461.00			2080.00			
69	\$	935.00	1208.00	1451.00	1351.00		1510.00			2142.00			
70	\$	963.00	1245.00	1497.00	1396.00		1558.00			2205.00			
71	\$	988.00	1280.00	1542.00	1440.00		1604.00			2264.00			
72	\$	1011.00	1313.00	1584.00	1479.00		1649.00			2323.00			
73	\$	1032.00	1344.00	1625.00	1517.00		1689.00			2368.00			
74	\$	1051.00	1374.00	1662.00	1554.00		1728.00			2413.00			
75	\$	1066.00	1399.00	1695.00	1587.00		1762.00			2464.00			
76	\$	1081.00	1424.00	1729.00	1620.00		1797.00			2454.00			
77	\$	1094.00	1448.00	1761.00	1651.00		1830.00			2534.00			
78	\$	1107.00	1470.00	1789.00	1682.00		1859.00			2570.00			
79	\$	1119.00	1491.00	1816.00	1711.00		18860.00			2607.00			
80	\$	1131.00	1510.00	1843.00	1741.00		1914.00			2644.00			
81	\$	1141.00	1531.00	1871.00	1769.00		1942.00			2679.00			
82	\$	1151.00	1550.00	1896.00	1796.00		1968.00			2713.00			
83	\$	1161.00	1568.00	1921.00	1824.00		1993.00			2747.00			

**OXFORD LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$	1183.00	1618.00	1992.00	1873.00		2065.00			2847.00			
85+	\$	1203.00	1665.00	2065.00	1919.00		2138.00			2945.00			

**OXFORD LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$	733.50	949.50	1136.70	1060.20		1183.50			1707.30			
66	\$	757.80	980.10	1173.60	1093.50		1221.30			1756.80			
67	\$	791.10	1019.70	1224.00	1138.50		1273.50			1818.90			
68	\$	817.20	1053.00	1264.50	1177.20		1314.90			1872.00			
69	\$	841.50	1087.20	1305.90	1215.90		1359.00			1927.80			
70	\$	866.70	1120.50	1347.30	1256.40		1402.20			1984.50			
71	\$	889.20	1152.00	1387.80	1296.00		1443.60			2037.60			
72	\$	909.90	1181.70	1425.60	1331.10		1484.10			2090.70			
73	\$	928.80	1209.60	1462.50	1365.30		1520.10			2131.20			
74	\$	945.90	1236.60	1495.80	1398.60		1555.20			2171.70			
75	\$	959.40	1259.10	1525.50	1428.30		1585.80			2808.60			
76	\$	972.90	1281.60	1556.10	1458.00		1617.30			2244.60			
77	\$	984.60	1303.20	1584.90	1485.90		1647.00			2280.60			
78	\$	996.30	1323.00	1610.10	1513.80		1673.10			2313.00			
79	\$	1007.10	1341.90	1634.40	1539.90		1697.40			2346.30			
80	\$	1017.90	1359.00	1658.70	1566.90		1722.60			2379.60			
81	\$	1026.90	1377.90	1683.90	1592.10		1747.80			2411.10			
82	\$	1035.90	1395.00	1706.40	1616.40		1771.20			2441.70			
83	\$	1044.90	1411.20	1728.90	1641.60		1793.70			2472.30			

**OXFORD LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$	1064.70	1456.20	1792.80	1685.70		1858.50			2562.30			
85+	\$	1082.70	1495.50	1858.50	1685.70		1924.20			2650.50			

**OXFORD LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1053.36											
65	\$	780.44	1010.27	1209.45	1128.05		1259.24			1816.57			
66	\$	806.30	1042.83	1248.71	163.48		1299.47			1869.24			
67	\$	841.73	1084.96	1302.34	1211.36		1355.00			1935.31			
68	\$	869.50	1120.39	1345.43	1252.54		1399.05			1991.81			
69	\$	895.36	1156.78	1389.47	1293.71		1445.98			2051.18			
70	\$	922.17	1192.21	1433.53	1336.81		1491.94			2111.51			
71	\$	946.11	1225.73	1476.62	1378.94		1535.99			2168.01			
72	\$	968.13	1257.73	1516.84	1416.29		1579.09			2224.50			
73	\$	988.25	1287.02	1556.10	1452.68		1617.39			2267.60			
74	\$	1006.43	1315.75	1591.53	1488.11		1654.73			2310.69			
75	\$	1020.80	1339.69	1623.13	1519.71		1687.29			2349.95			
76	\$	1035.16	1363.63	1655.69	1551.31		1720.81			2388.26			
77	\$	1047.62	1386.60	1686.33	1580.99		1752.41			2426.56			
78	\$	1060.07	1407.67	1713.15	1610.69		1780.18			2461.03			
79	\$	1071.56	1427.78	1739.00	1638.45		1806.03			2496.47			
80	\$	1083.04	1445.98	1764.86	1667.18		1832.85			2531.90			
81	\$	1092.62	1466.08	1791.67	1694.00		1859.66			2565.41			
82	\$	1102.19	1484.28	1815.61	1719.85		1884.56			2597.97			

**OXFORD LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
83	\$	1111.77	1501.52	1839.55	1746.67		1908.50			2630.53			
84	\$	1132.84	1549.40	1907.54	1793.58		1977.44			2726.29			
85+	\$	1151.99	1594.40	1977.44	1837.64		2047.35			2820.13			

**PENNSYLVANIA LIFE INSURANCE CO****MAILING ADDRESS** 600 COURTLAND STREET

CITY ORLANDO STATE FL ZIP 32804-1352

TELEPHONE (800) 538-1053

DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION	<b>6 MONTHS</b>	DESCRIPTION OF UNINSURED BENEFITS	NOTES
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

RATING METHODS	AVAILABILITY	MARKETING APPROACH
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**PENNSYLVANIA LIFE INSURANCE CO**

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
400-402, 417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 779	1011	1192	1106		1229						
66	\$ 779	1011	1192	1106		1229						
67	\$ 815	1059	1244	1159		1282						
68	\$ 850	1107	1295	1212		1335						
69	\$ 885	1154	1346	1264		1387						
70	\$ 918	1201	1396	1316		1439						
71	\$ 951	1247	1445	1367		1490						
72	\$ 983	1291	1493	1416		1539						
73	\$ 1013	1334	1540	1464		1587						
74	\$ 1042	1376	1584	1511		1633						
75	\$ 1069	1415	1627	1555		1678						
76	\$ 1094	1453	1668	1597		1720						
77	\$ 1116	1488	1707	1637		1759						
78	\$ 1137	1520	1742	1673		1796						
79	\$ 1155	1549	1775	1707		1829						
80	\$ 1171	1576	1805	1738		1859						
81	\$ 1184	1599	1831	1765		1886						
82	\$ 1197	1622	1857	1791		1913						
83	\$ 1210	1645	1882	1817		1938						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
400-402, 417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1223	1667	1906	1842		1963						
85	\$ 1236	1688	1930	1866		1988						
86	\$ 1249	1708	1953	1890		2011						
87	\$ 1262	1728	1975	1912		2034						
88	\$ 1275	1748	1996	1934		2055						
89	\$ 1288	1766	2016	1955		2076						
90	\$ 1301	1784	2035	1974		2095						
91	\$ 1314	1801	2053	1993		2114						
92	\$ 1327	1817	2069	2010		2131						
93	\$ 1339	1832	2085	2026		2147						
94	\$ 1352	1846	2099	2041		2162						
95	\$ 1365	1859	2112	2055		2176						
96	\$ 1377	1873	2126	2069		2190						
97	\$ 1390	1886	2139	2083		2204						
98	\$ 1403	1900	2153	2097		2218						
99+	\$ 1416	1914	2167	2112		2233						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Non-smoker****Zip Codes:****400-402, 417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 861	1116	1317	1221		1357						
66	\$ 861	1116	1317	1221		1357						
67	\$ 900	1169	1373	1280		1416						
68	\$ 939	1222	1430	1338		1474						
69	\$ 977	1274	1486	1396		1532						
70	\$ 1014	1326	1541	1453		1589						
71	\$ 1050	1376	1595	1509		1645						
72	\$ 1085	1426	1648	1564		1700						
73	\$ 1118	1473	1700	1617		1753						
74	\$ 1150	1519	1750	1668		1804						
75	\$ 1180	1563	1797	1717		1852						
76	\$ 1207	1604	1842	1764		1899						
77	\$ 1233	1643	1884	1807		1942						
78	\$ 1255	1678	1924	1848		1983						
79	\$ 1276	1711	1960	1885		2020						
80	\$ 1293	1740	1993	1919		2053						
81	\$ 1307	1766	2022	1948		2083						
82	\$ 1322	1791	2050	1978		2112						
83	\$ 1336	1816	2078	2006		2140						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Non-smoker****Zip Codes:****400-402, 417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1351	1840	2105			2168						
84	\$ 1351	1840	2105	2034								
85	\$ 1365	1864	2131	2061		2195						
86	\$ 1379	1886	2156	2087		2221						
87	\$ 1394	1908	2181	2112		2246						
88	\$ 1408	1930	2204	2136		2269						
89	\$ 1422	1950	2226	2158		2292						
90	\$ 1436	1970	2247	2180		2314						
91	\$ 1451	1988	2266	2200		2334						
92	\$ 1465	2006	2285	2219		2353						
93	\$ 1479	2022	2302	2237		2371						
94	\$ 1493	2038	2318	2254		2387						
95	\$ 1507	2053	2332	2269		2403						
96	\$ 1521	2068	2347	2284		2418						
97	\$ 1535	2083	2362	2300		2434						
98	\$ 1549	2098	2377	2316		2449						
99+	\$ 1564	2113	2392	2331		2465						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Smoker  
Zip Codes:  
400-402, 417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 899	1166	1376	1276		1418						
66	\$ 899	1166	1376	1276		1418						
67	\$ 940	1222	1435	1337		1479						
68	\$ 981	1277	1494	1398		1540						
69	\$ 1021	1332	1553	1459		1601						
70	\$ 1060	1386	1610	1518		1660						
71	\$ 1097	1438	1667	1577		1719						
72	\$ 1134	1490	1723	1634		1776						
73	\$ 1169	1540	1776	1690		1831						
74	\$ 1202	1587	1828	1743		1885						
75	\$ 1233	1633	1878	1794		1936						
76	\$ 1262	1676	1925	1843		1984						
77	\$ 1288	1716	1969	1888		2030						
78	\$ 1312	1754	2010	1931		2070						
79	\$ 1333	1788	2048	1970		2110						
80	\$ 1351	1818	2082	2005		2146						
81	\$ 1366	1845	2113	2036		2117						
82	\$ 1381	1872	2143	2067		2207						
83	\$ 1396	1898	2172	2096		2237						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Smoker  
Zip Codes:  
400-402, 417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1411	1923	2200	2125		2266						
85	\$ 1426	1947	2227	2154		2294						
86	\$ 1441	1971	2253	2181		2321						
87	\$ 1456	1994	2279	2207		2347						
88	\$ 1471	2017	2303	2232		2371						
89	\$ 1486	2038	2326	2255		2395						
90	\$ 1501	2058	2348	2278		2418						
91	\$ 1516	2078	2368	2266		2439						
92	\$ 1531	2096	2388	2319		2459						
93	\$ 1545	2113	2406	2338		2478						
94	\$ 1560	2130	2422	2355		2495						
95	\$ 1574	2145	2437	2371		2511						
96	\$ 1589	2161	2453	2387		2527						
97	\$ 1604	2176	2468	2403		2543						
98	\$ 1619	2192	2484	2420		2560						
99+	\$ 1634	2208	2500	2436		2576						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Non-smoker****Zip Codes:****403-416, 421-424,  
427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 775	1004	1185	1099		1221						
66	\$ 775	1004	1185	1099		1221						
67	\$ 810	1052	1236	1152		1274						
68	\$ 845	1100	1287	1204		1327						
69	\$ 879	1147	1337	1256		1379						
70	\$ 913	1193	1387	1509		1430						
71	\$ 945	1238	1436	1358		1481						
72	\$ 977	1283	1483	1408		1530						
73	\$ 1006	1326	1530	1455		1578						
74	\$ 1035	1367	1575	1501		1624						
75	\$ 1062	1407	1617	1545		1667						
76	\$ 1086	1444	1658	1588		1709						
77	\$ 1110	1479	1696	1626		1748						
78	\$ 1130	1510	1732	1663		1785						
79	\$ 1148	1540	1764	1697		1818						
80	\$ 1164	1566	1794	1727		1848						
81	\$ 1176	1589	1820	1753		1875						
82	\$ 1190	1612	1845	1780		1901						
83	\$ 1202	1634	1870	1805		1926						

# PENNSYLVANIA LIFE INSURANCE COMPANY

**Annual Rates**

**Male**

**Non-smoker**

**Zip Codes:**

**403-416,**

**421-424, 427**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
84	\$ 1216	1656	1895	1831		1951						
85	\$ 1229	1678	1918	1855		1976						
86	\$ 1241	1697	1940	1878		1999						
87	\$ 1255	1717	1963	1901		2021						
88	\$ 1267	1737	1984	1922		2042						
89	\$ 1280	1755	2003	1942		2063						
90	\$ 1292	1773	2022	1962		2083						
91	\$ 1306	1789	2039	1980		2101						
92	\$ 1319	1805	2057	1997		2118						
93	\$ 1331	1820	2072	2013		2134						
94	\$ 1344	1834	2086	2029		2148						
95	\$ 1356	1848	2099	2042		2163						
96	\$ 1369	1861	2112	2056		2178						
97	\$ 1382	1875	2126	2070		2191						
98	\$ 1394	1888	2139	2084		2204						
99+	\$ 1408	1902	2153	2098		2219						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Male  
Non-smoker  
All Zip Codes  
Except:  
400-417,  
420-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 689	893	1054	977		1086						
66	\$ 689	893	1054	977		1086						
67	\$ 720	935	1098	1024		1133						
68	\$ 751	978	1144	1070		1179						
69	\$ 782	1019	1189	1117		1226						
70	\$ 811	1061	1233	1162		1271						
71	\$ 840	1101	1276	1207		1316						
72	\$ 868	1141	1318	1251		1360						
73	\$ 894	1178	1360	1294		1402						
74	\$ 920	1215	1400	1334		1443						
75	\$ 944	1250	1438	1374		1482						
76	\$ 966	1283	1474	1411		1519						
77	\$ 986	1314	1507	1446		1554						
78	\$ 1004	1342	1539	1478		1586						
79	\$ 1021	1369	1568	1508		1616						
80	\$ 1034	1392	1594	1535		1642						
81	\$ 1046	1413	1618	1558		1666						
82	\$ 1058	1433	1640	1582		1690						
83	\$ 1069	1453	1662	1605		1712						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Non-smoker****All Zip Codes****Except: 400-417,  
420-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1081	1472	1684	1627		1734						
85	\$ 1092	1491	1705	1649		1756						
86	\$ 1103	1509	1725	1670		1777						
87	\$ 1115	1526	1745	1690		1797						
88	\$ 1126	1544	1763	1709		1815						
89	\$ 1138	1560	1781	1726		1834						
90	\$ 1149	1576	1798	1744		1851						
91	\$ 1161	1590	1813	1760		1867						
92	\$ 1172	1605	1828	1775		1882						
93	\$ 1183	1618	1842	1790		1897						
94	\$ 1194	1630	1854	1803		1910						
95	\$ 1206	1642	1866	1815		1922						
96	\$ 1217	1654	1878	1827		1934						
97	\$ 1228	1666	1890	1840		1947						
98	\$ 1239	1678	1902	1853		1959						
99+	\$ 1251	1690	1914	1865		1972						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Smoker  
Zip Codes:  
403-416,  
421-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 809	1049	1238	1148		1276						
66	\$ 809	1049	1238	1148		1276						
67	\$ 846	1100	1292	1203		1331						
68	\$ 883	1149	1345	1258		1386						
69	\$ 919	1199	1398	1313		1441						
70	\$ 954	1247	1449	1366		1494						
71	\$ 987	1294	1500	1419		1547						
72	\$ 1021	1341	1551	1471		1598						
73	\$ 1052	1386	1598	1521		1648						
74	\$ 1082	1428	1645	1569		1697						
75	\$ 1110	1470	1690	1615		1742						
76	\$ 1136	1508	1733	1659		1786						
77	\$ 1159	1544	1772	1699		1827						
78	\$ 1181	1579	1809	1738		1865						
78	\$ 1181	1579	1809	1738		1865						
79	\$ 1200	1609	1843	1773		1899						
80	\$ 1216	1636	1874	1805		1931						
81	\$ 1229	1661	1902	1832		1959						
82	\$ 1243	1685	1929	1860		1986						

# PENNSYLVANIA LIFE INSURANCE COMPANY

**Annual Rates  
Female  
Smoker  
Zip Codes:  
403-416,  
421-424, 427**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
83	\$ 1256	1708	1955	1886		2013						
84	\$ 1270	1731	1980	1913		2039						
85	\$ 1283	1752	2004	1939		2065						
86	\$ 1297	1774	2028	1963		2089						
87	\$ 1310	1795	2051	1986		2112						
88	\$ 1324	1815	2073	2009		2134						
89	\$ 1337	1834	2093	2030		2156						
90	\$ 1351	1852	2113	2050		2176						
91	\$ 1364	1870	2131	2069		2195						
92	\$ 1378	1886	2149	2087		2213						
93	\$ 1391	1902	2165	2104		2230						
94	\$ 1404	1917	2180	2120		2246						
95	\$ 1417	1931	2193	2134		2260						
96	\$ 1430	1945	2208	2148		2274						
97	\$ 1444	1958	2221	2163		2289						
98	\$ 1457	1973	2236	2178		2304						
99+	\$ 1471	1987	2250	2192		2318						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Smoker  
All Zip Codes  
Except:  
400-417,  
420-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 719	933	1101	1021		1134						
66	\$ 719	933	1101	1021		1134						
67	\$ 752	978	1148	1070		1183						
68	\$ 785	1022	1195	1118		1232						
69	\$ 817	1066	1242	1167		1281						
70	\$ 848	1109	1288	1214		1328						
71	\$ 878	1150	1334	1262		1375						
72	\$ 907	1192	1378	1307		1421						
73	\$ 935	1232	1421	1352		1465						
74	\$ 962	1270	1462	1394		1508						
75	\$ 986	1306	1502	1435		1549						
76	\$ 1010	1341	1540	1474		1587						
77	\$ 1030	1373	1575	1510		1642						
78	\$ 1050	1403	1608	1545		1658						
79	\$ 1066	1430	1638	1576		1688						
80	\$ 1081	1454	1666	1604		1717						
81	\$ 1093	1476	1690	1629		1742						
82	\$ 1105	1498	1714	1654		1766						
83	\$ 1117	1518	1738	1677		1790						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Female****Smoker****All Zip Codes****Except:****400-417,****420-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1129	1538	1760	1700		1813						
85	\$ 1141	1558	1782	1723		1835						
86	\$ 1153	1577	1802	1745		1857						
87	\$ 1165	1595	1823	1766		1878						
88	\$ 1177	1614	1842	1786		1897						
89	\$ 1189	1630	1861	1804		1916						
90	\$ 1201	1646	1878	1822		1934						
91	\$ 1213	1662	1894	1839		1951						
92	\$ 1225	1677	1910	1855		1967						
93	\$ 1236	1690	1925	1870		1982						
94	\$ 1248	1704	1938	1884		1996						
95	\$ 1259	1716	1950	1897		2009						
96	\$ 1271	1729	1962	1910		2022						
97	\$ 1283	1741	1974	1922		2034						
98	\$ 1292	1754	1987	1936		2048						
99+	\$ 1307	1766	2000	1949		2061						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
403-416,  
421-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 701	910	1073	995		1106						
66	\$ 701	910	1073	995		1106						
67	\$ 734	953	1120	1043		1154						
68	\$ 765	996	1166	1091		1202						
69	\$ 797	1039	1211	1138		1248						
70	\$ 826	1081	1256	1184		1295						
71	\$ 856	1122	1301	1230		1341						
72	\$ 885	1162	1344	1274		1385						
73	\$ 912	1201	1386	1318		1428						
74	\$ 938	1238	1426	1360		1470						
75	\$ 962	1274	1464	1400		1510						
76	\$ 985	1308	1501	1437		1548						
77	\$ 1004	1339	1536	1473		1583						
78	\$ 1023	1368	1568	1506		1616						
79	\$ 1040	1394	1598	1536		1646						
80	\$ 1054	1418	1625	1564		1673						
81	\$ 1066	1439	1648	1589		1697						
82	\$ 1077	1460	1671	1612		1722						
83	\$ 1089	1481	1694	1635		1744						

# PENNSYLVANIA LIFE INSURANCE COMPANY

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
403-416,  
421-424, 427**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
84	\$ 1101	1500	1715	1658		1767						
85	\$ 1112	1519	1737	1679		1789						
86	\$ 1124	1537	1758	1701		1810						
87	\$ 1136	1555	1778	1721		1831						
88	\$ 1148	1573	1796	1741		1850						
89	\$ 1159	1589	1814	1760		1868						
90	\$ 1171	1606	1832	1777		1886						
91	\$ 1183	1621	1848	1794		1903						
92	\$ 1194	1635	1862	1809		1918						
93	\$ 1205	1649	1877	1823		1932						
94	\$ 1217	1661	1889	1837		1946						
95	\$ 1229	1673	1901	1850		1958						
96	\$ 1239	1686	1913	1862		1971						
97	\$ 1251	1697	1925	1875		1984						
98	\$ 1263	1710	1938	1887		1996						
99+	\$ 1274	1723	1950	1901		2010						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
All Zip Codes  
Except:  
**400-417,  
420-424, 427****

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 623	809	954	885		983						
66	\$ 623	809	954	885		983						
67	\$ 652	847	995	927		1026						
68	\$ 680	886	1036	970		1068						
69	\$ 708	923	1077	1011		1110						
70	\$ 734	961	1117	1053		1151						
71	\$ 761	998	1156	1094		1192						
72	\$ 786	1033	1194	1133		1231						
73	\$ 810	1067	1232	1171		1270						
74	\$ 834	1101	1267	1209		1306						
75	\$ 855	1132	1302	1244		1342						
76	\$ 875	1162	1334	1278		1376						
77	\$ 893	1190	1366	1310		1407						
78	\$ 910	1216	1394	1338		1437						
79	\$ 924	1239	1420	1366		1463						
80	\$ 937	1261	1444	1390		1487						
81	\$ 947	1279	1465	1412		1509						
82	\$ 958	1298	1486	1433		1530						
83	\$ 968	1316	1506	1454		1550						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
All Zip Codes  
Except:  
400-417,  
420-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 978	1334	1525	1474		1570						
85	\$ 989	1350	1544	1493		1590						
86	\$ 999	1366	1562	1512		1609						
87	\$ 1010	1382	1580	1530		1627						
88	\$ 1020	1398	1597	1547		1644						
89	\$ 1030	1413	1613	1564		1661						
90	\$ 1041	1427	1628	1579		1676						
91	\$ 1051	1441	1642	1594		1691						
92	\$ 1062	1454	1655	1608		1705						
93	\$ 1071	1466	1668	1621		1718						
94	\$ 1082	1477	1679	1633		1730						
95	\$ 1092	1487	1690	1644		1741						
96	\$ 1102	1498	1701	1655		1752						
97	\$ 1112	1509	1711	1666		1763						
98	\$ 1122	1520	1722	1678		1774						
99+	\$ 1133	1531	1734	1690		1786						

**PENNSYLVANIA LIFE INSURANCE COMPANY**

**Annual Rates  
Male  
Smoker  
All Zip Codes  
Except:  
**400-417,  
420-424, 427****

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 794	1030	1215	1127		1253						
66	\$ 794	1030	1215	1127		1253						
67	\$ 830	1079	1268	1181		1307						
68	\$ 866	1128	1320	1235		1361						
69	\$ 902	1176	1371	1289		1414						
70	\$ 936	1224	1422	1342		1466						
71	\$ 970	1270	1473	1393		1518						
72	\$ 1002	1316	1318	1251		1569						
73	\$ 1032	1360	1569	1493		1618						
74	\$ 1062	1402	1615	1540		1665						
75	\$ 1089	1442	1658	1585		1710						
76	\$ 1114	1481	1700	1628		1753						
77	\$ 1138	1516	1739	1668		1793						
78	\$ 1159	1549	1776	1706		1830						
79	\$ 1178	1579	1809	1740		1864						
80	\$ 1194	1606	1839	1771		1895						
81	\$ 1206	1630	1866	1798		1922						
81	\$ 1206	1630	1866	1798		1922						
82	\$ 1220	1654	1893	1826		1950						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Smoker****All Zip Codes****Except:****400-417,****420-424, 427**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
83	\$ 1234	1676	1918	1852		1976						
84	\$ 1246	1698	1943	1878		2002						
85	\$ 1260	1720	1967	1902		2026						
86	\$ 1273	1742	1990	1926		2050						
87	\$ 1286	1762	2013	1950		2073						
88	\$ 1300	1782	2034	1971		2094						
89	\$ 1313	1800	2054	1992		2116						
90	\$ 1326	1818	2074	2012		2136						
91	\$ 1339	1835	2092	2031		2154						
92	\$ 1352	1851	2109	2049		2172						
93	\$ 1365	1867	2125	2065		2189						
94	\$ 1378	1882	2140	2080		2204						
95	\$ 1390	1895	2153	2094		2218						
96	\$ 1404	1909	2166	2109		2232						
97	\$ 1417	1922	2181	2123		2246						
98	\$ 1430	1936	2194	2138		2261						
99+	\$ 1443	1950	2208	2152		2276						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Smoker****Zip Codes:****403-416,****421-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 894	1159	1367	1268		1409						
66	\$ 894	1159	1367	1268		1409						
67	\$ 934	1214	1427	1328		1471						
68	\$ 975	1269	1485	1390		1531						
69	\$ 1014	1323	1543	1450		1591						
70	\$ 1053	1377	1600	1509		1650						
71	\$ 1091	1429	1657	1567		1708						
72	\$ 1127	1481	1712	1624		1765						
73	\$ 1161	1530	1765	1679		1820						
74	\$ 1194	1578	1817	1733		1873						
75	\$ 1225	1623	1866	1783		1923						
76	\$ 1254	1666	1913	1832		1972						
77	\$ 1280	1706	1957	1877		2017						
78	\$ 1304	1742	1998	1919		2059						
79	\$ 1325	1777	2035	1958		2097						
80	\$ 1343	1807	2069	1993		2132						
81	\$ 1357	1834	2100	2023		2163						
82	\$ 1373	1860	2129	2054		2193						
83	\$ 1388	1886	2158	2084		2223						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male****Smoker****Zip Codes:****403-416,****421-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1402	1911	2186	2112		2252						
85	\$ 1418	1935	2213	2140		2279						
86	\$ 1432	1959	2239	2167		2306						
87	\$ 1447	1982	2264	2193		2332						
88	\$ 1463	2004	2289	2218		2356						
89	\$ 1477	2025	2311	2241		2381						
90	\$ 1491	2046	2333	2264		2403						
91	\$ 1507	2065	2354	2285		2424						
92	\$ 1521	2083	2372	2305		2444						
93	\$ 1535	2101	2390	2323		2462						
94	\$ 1550	2117	2408	2340		2480						
95	\$ 1564	2132	2422	2356		2495						
96	\$ 1580	2147	2437	2372		2511						
97	\$ 1594	2163	2453	2389		2527						
98	\$ 1609	2178	2469	2405		2543						
99+	\$ 1624	2194	2484	2421		2561						

# PENNSYLVANIA LIFE INSURANCE COMPANY

**Annual Rates**

**Male**

**Smoker**

**Zip Codes:**

**400-402,**

**417, 420**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
65	\$ 993	1288	1519	1409		1566						
66	\$ 993	1288	1519	1409		1566						
67	\$ 1038	1349	1585	1476		1634						
68	\$ 1083	1410	1650	1544		1701						
69	\$ 1127	1470	1714	1611		1768						
70	\$ 1170	1530	1778	1677		1833						
71	\$ 1212	1588	1841	1741		1898						
72	\$ 1252	1645	1902	1804		1961						
73	\$ 1290	1700	1961	1866		2022						
74	\$ 1327	1753	2019	1925		2081						
75	\$ 1361	1803	2073	1981		2137						
76	\$ 1393	1851	2125	2035		2191						
77	\$ 1422	1895	2174	2085		2241						
78	\$ 1449	1936	2220	2132		2288						
79	\$ 1472	1974	2261	2175		2330						
80	\$ 1492	2008	2299	2124		2369						
81	\$ 1508	2038	1333	2248		2403						
82	\$ 1525	2067	2366	2282		2437						
83	\$ 1542	2095	2398	2315		2470						

**PENNSYLVANIA LIFE INSURANCE COMPANY****Annual Rates****Male  
Smoker****Zip Codes:  
400-402,  
417, 420**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
84	\$ 1558	2123	2429	2347		2502						
85	\$ 1575	2150	2459	2378		2532						
86	\$ 1591	2177	2488	2408		2562						
87	\$ 1608	2202	2516	2437		2591						
88	\$ 1625	2227	2543	2464		2618						
89	\$ 1641	2250	2568	2490		2645						
90	\$ 1657	2273	2592	2515		2670						
91	\$ 1674	2294	2615	2539		2693						
92	\$ 1690	2314	2636	2561		2715						
93	\$ 1706	2334	2656	2581		2736						
94	\$ 1722	2352	2675	2600		2755						
95	\$ 1738	2369	2691	2618		2772						
96	\$ 1755	2386	2708	2636		2790						
97	\$ 1771	2403	2726	2654		2808						
98	\$ 1788	2420	2743	2672		2826						
99+	\$ 1804	2438	2760	2690		2845						

# PEOPLES BENEFIT LIFE INSURANCE COMPANY

MAILING ADDRESS                    20 MOORES RD  
CITY                                    VALLEY FORGE                    STATE                    PA                    ZIP 19493  
TELEPHONE                            (800) 356-6271

DESCRIPTION OF PRE-  
EXISITING CONDITION  
EXCLUSION                            **6 MONTHS UNLESS  
PREVIOUSLY  
COVERED**                            DESCRIPTION OF \_\_\_\_\_ NOTES \_\_\_\_\_  
    UNINSURED BENEFITS

### DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT#3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**PEOPLES BENEFIT LIFE INSURANCE COMPANY****ANNUAL RATES  
MALE**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 1067.40	1679.40				2435.40						
66	\$ 1427.40	2327.40				3191.40						
67	\$ 1427.40	2327.40				3191.40						
68	\$ 1427.40	2327.40				3191.40						
69	\$ 1427.40	2327.40				3191.40						
70	\$ 1427.40	2327.40				3191.40						
71	\$ 1463.40	2519.40				3455.40						
72	\$ 1463.40	2519.40				3455.40						
73	\$ 1463.40	2519.40				3455.40						
74	\$ 1463.40.	2519.40				3455.40						
75	\$ 1463.40	2519.40				3455.40						
76	\$ 1655.40	2735.40				3455.40						
77	\$ 1655.40	2735.40				3455.40						
78	\$ 1655.40	2735.40				3455.40						
79	\$ 1655.40	2735.40				3455.40						
80	\$ 1655.40	2735.40				3455.40						

**PEOPLES BENEFIT LIFE INSURANCE COMPANY****Annual Rates  
Female**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
65	\$ 947.40	1463.40				2135.40						
66	\$ 1223.40	1991.40				2795.40						
67	\$ 1223.40	1991.40				2795.40						
68	\$ 1223.40	1991.40				2795.40						
69	\$ 1223.40	1991.40				2795.40						
70	\$ 1223.40	1991.40				2795.40						
71	\$ 1343.40	2135.40				3011.40						
72	\$ 1343.40	2135.40				3011.40						
73	\$ 1343.40	2135.40				3011.40						
74	\$ 1343.40	2135.40				3011.40						
75	\$ 1343.40	2135.40				3011.40						
76	\$ 1427.40	2291.40				3191.40						
77	\$ 1427.40	2291.40				3191.40						
78	\$ 1427.40	2291.40				3191.40						
79	\$ 1427.40	2291.40				3191.40						
80	\$ 1427.40	2291.40				3191.40						

**PHYSICIANS MUTUAL INSURANCE COMPANY**

MAILING ADDRESS      2600 DODGE STREET

CITY                    OMAHA                STATE NE            ZIP 68131-

TELEPHONE            (800) 228-9100

DESCRIPTION OF PRE- EXISTING EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
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DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #3 (DESCRIPTION)	AMOUNT #3

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input checked="" type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**HYSICIAN'S MUTUAL LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403,404,421,  
425**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1200											
65	\$ 760	1056	1295	1096		1256						
66	\$ 797	1113	1349	1145		1306						
67	\$ 824	1155	1410	1201		1366						
68	\$ 844	1191	1455	1243		1408						
69	\$ 863	1224	1498	1285		1451						
70	\$ 882	1260	1541	1326		1493						
71	\$ 900	1295	1581	1364		1531						
72	\$ 919	1326	1620	1403		1568						
73	\$ 931	1352	1655	1442		1603						
74	\$ 943	1380	1589	1481		1635						
75	\$ 956	1406	1723	1522		1667						
76	\$ 968	1432	1758	1562		1701						
77	\$ 978	1455	1792	1598		1736						
78	\$ 986	1476	1829	1636		1771						
79	\$ 994	1497	1865	1675		1806						
80	\$ 1001	1516	1903	1715		1843						

**HYSICIAN'S MUTUAL LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403,404,421,  
425 Plans A-F  
406-422,  
425-429  
Plan J**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1107											
65	\$	701	1077	1145			1283				4622		
66	\$	722	1115	1192			1329				4622		
67	\$	736	1142	1247			1363				4622		
68	\$	746	1160	1286			1390				4622		
69	\$	758	1185	1324			1420				4622		
70	\$	763	1195	1362			1433				4974		
71	\$	774	1220	1397			1463				4974		
72	\$	784	1241	1432			1494				4974		
73	\$	793	1262	1463			1523				4974		
74	\$	802	1284	1492			1553				4974		
75	\$	811	1303	1522			1583				4974		
76	\$	819	1322	1553			1614				4974		
77	\$	826	1341	1584			1645				4974		
78	\$	834	1359	1616			1678				4974		
79	\$	842	1377	1649			1711				4974		
80	\$	849	1394	1682			1745				4710		

**HYSICIAN'S MUTUAL LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403,404,421,  
425**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	998											
65	\$	632	933	1145			1109						
66	\$	663	984	1192			1154						
67	\$	685	1021	1247			1207						
68	\$	703	1052	1286			1244						
69	\$	718	1082	1324			1283						
70	\$	733	1114	1362			1319						
71	\$	749	1144	1397			1353						
72	\$	765	1172	1432			1386						
73	\$	775	1195	1463			1417						
74	\$	784	1220	1492			1445						
75	\$	795	1242	1522			1474						
76	\$	806	1266	1553			1504						
77	\$	814	1286	1584			1534						
78	\$	821	1304	1616			1565						
79	\$	827	1323	1649			1596						
80	\$	833	1340	1682			1628						

**HYSICIAN'S MUTUAL LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403,404,421,  
425 Plans A-F  
406-422,  
425-429  
Plan J**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1331											
65	\$	842	1219	1478	1268		1452			5500			
66	\$	868	1261	1532	1317		1503			5500			
67	\$	885	1292	1573	1356		1543			5500			
68	\$	897	1313	1605	1385		1572			5500			
69	\$	911	1341	1640	1422		1607			5500			
70	\$	917	1352	1660	1438		1621			5919			
71	\$	930	1380	1694	1474		1656			5919			
72	\$	943	1404	1730	1510		1690			5919			
73	\$	954	1428	1764	1549		1724			5919			
74	\$	964	1453	1800	1590		1757			5919			
75	\$	975	1474	1835	1632		1790			5919			
76	\$	985	1495	1871	1674		1827			5919			
77	\$	993	1517	1908	1713		1862			5919			
78	\$	1003	1538	1946	1753		1899			5919			
79	\$	1012	1558	1985	1793		1936			5919			
80	\$	1021	1577	2025	1836		1975			6374			

**PYRAMID LIFE INSURANCE COMPANY**

**MAILING ADDRESS** PO BOX772  
**CITY** SHAWNEE MISSION      **STATE KS**      **ZIP** 66201-

**TELEPHONE** (800) 777-1126

**DESCRIPTION OF PRE-EXISTING CONDITION EXCLUSION**      **6 MONTHS**      **DESCRIPTION OF UNINSURED BENEFITS**      **NOTES**

DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**PYRAMID LIFE INSURANCE COMPANY****Annual Rates****Zip Codes:****All except****401-402,****423-424**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1175	1503	1915	1505		1941	1509				588	1349
65	\$ 734	961	1225	962		1241	965				367	852
66	\$ 775	1012	1293	1013		1308	1014				371	866
67	\$ 816	1065	1359	1066		1375	1067				374	887
68	\$ 864	1124	1438	1125		1456	1128				386	930
69	\$ 900	1174	1499	1175		1517	1176				403	968
70	\$ 917	1197	1528	1198		1548	1201				417	995
71	\$ 936	1225	1562	1228		1583	1229				433	1029
72	\$ 957	1257	1601	1259		1623	1262				450	1064
73	\$ 977	1287	1639	1289		1659	1292				467	1101
74	\$ 993	1313	1671	1315		1692	1319				484	1137
75	\$ 1008	1337	1699	1338		1721	1342				501	1172
76	\$ 1020	1362	1728	1364		1750	1368				518	1207
77	\$ 1033	1382	1757	1386		1778	1391				529	1229
78	\$ 1045	1405	1782	1409		1804	1413				541	1250
79	\$ 1057	1425	1806	1429		1830	1435				551	1269
80	\$ 1069	1446	1830	1451		1854	1455				562	1289

**PYRAMID LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
401-402**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1371	1754	2234	1756		2265	1761				686	1574
65	\$ 857	1121	1429	1122		1448	1126				428	994
66	\$ 904	1180	1509	1182		1526	1183				433	1010
67	\$ 952	1242	1586	1243		1604	1244				436	1034
68	\$ 1008	1311	1678	1313		1699	1316				450	1085
69	\$ 1050	1369	1748	1371		1769	1372				470	1129
70	\$ 1070	1397	1783	1398		1806	1401				486	1161
71	\$ 1092	1429	1823	1432		1847	1434				505	1200
72	\$ 1116	1467	1868	1469		1893	1472				525	1241
73	\$ 1139	1502	1912	1504		1935	1508				545	1284
74	\$ 1158	1532	1950	1534		1974	1538				565	1326
75	\$ 1176	1559	1982	1561		2008	1566				585	1367
76	\$ 1190	1589	2016	1592		2041	1596				605	1408
77	\$ 1205	1613	2050	1617		2074	1622				617	1434
78	\$ 1219	1639	2079	1643		2104	1649				631	1458
79	\$ 1233	1662	2107	1667		2135	1674				643	1481
80	\$ 1247	1687	2135	1693		2163	1698				655	1504

**PYRAMID LIFE INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
423-424**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1045	1336	1702	1338		1726	1342				522	1199
65	\$ 653	854	1089	855		1103	858				326	758
66	\$ 689	899	1150	901		1162	902				330	770
67	\$ 726	946	1208	947		1222	948				332	788
68	\$ 768	999	1278	1000		1294	1002				343	826
69	\$ 800	1043	1332	1045		1348	1046				358	860
70	\$ 815	1064	1358	1065		1376	1067				370	885
71	\$ 832	1089	1389	1091		1407	1093				385	914
72	\$ 850	1118	1423	1119		1442	1122				400	946
73	\$ 868	1144	1457	1146		1474	1149				415	978
74	\$ 882	1167	1486	1169		1504	1172				430	1010
75	\$ 896	1188	1510	1190		1530	1193				446	1042
76	\$ 906	1210	1536	1213		1555	1216				461	1073
77	\$ 918	1229	1562	1232		1580	1236				470	1093
78	\$ 929	1249	1584	1252		1603	1256				481	1111
79	\$ 939	1266	1606	1270		1626	1275				490	1128
80	\$ 950	1286	1626	1290		1648	1294				499	1146

**PYRAMID LIFE INSURANCE COMPANY**

**Annual Rates Counties:**  
**Boone, Campbell,**  
**Crittenden, Fayette,**  
**Gallatin, Grant,**  
**Kenton, Madison,**  
**Owen, Pendleton**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1138	1554	1201		1658	1278							
65	\$	727	994	768		1060	817							
66	\$	743	1027	784		1118	826							
67	\$	781	1079	825		1175	860							
68	\$	826	1143	873		1244	902							
69	\$	877	1203	924		1295	938							
70	\$	906	1240	955		1321	966							
71	\$	940	1280	991		1352	996							
72	\$	976	1324	1030		1385	1031							
73	\$	1012	1367	1067		1417	1067							
74	\$	1046	1407	1103		1445	1102							
75	\$	1076	1444	1135		1470	1135							
76	\$	1110	1481	1170		1493	1170							
77	\$	1130	1508	1191		1520	1191							
78	\$	1148	1527	1211		1540	1211							
79	\$	1165	1550	1229		1562	1229							
80	\$	1182	1570	1248		1582	1249							

**PYRAMID LIFE INSURANCE COMPANY****Annual Rates****Counties:**

**Bullitt,  
Jefferson,  
Oldham,  
Shelby,  
Spencer**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
<65	\$	1327	1813	1401		1934	1491					
65	\$	848	1159	896		1237	953					
66	\$	866	1198	915		1304	964					
67	\$	911	1259	963		1370	1003					
68	\$	964	1334	1019		1451	1052					
69	\$	1023	1404	1078		1511	1094					
70	\$	1057	1447	1114		1541	1127					
71	\$	1096	1493	1156		1577	1162					
72	\$	1138	1545	1201		1616	1202					
73	\$	1180	1595	1245		1653	1245					
74	\$	1220	1641	1286		1686	1285					
75	\$	1256	1684	1324		1715	1324					
76	\$	1295	1727	1365		1742	1365					
77	\$	1318	1759	1389		1773	1389					
78	\$	1339	1782	1413		1797	1413					
79	\$	1359	1808	1434		1823	1434					
80	\$	1379	1831	1456		1846	1457					

**PYRAMID LIFE INSURANCE COMPANY****Annual Rates  
Counties:  
Caldwell,  
Daviess,  
Henderson,  
Hopkins,  
McLean,  
Union,  
Webster**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1011	1382	1067		1474	1136					
65	\$	646	883	682		942	726					
66	\$	660	913	697		994	734					
67	\$	694	959	734		1044	764					
68	\$	734	1016	776		1106	802					
69	\$	779	1070	822		1151	834					
70	\$	806	1102	849		1174	858					
71	\$	835	1138	881		1202	886					
72	\$	867	1177	915		1231	916					
73	\$	899	1215	949		1259	949					
74	\$	930	1250	980		1285	979					
75	\$	957	1283	1009		1306	1009					
76	\$	986	1316	1040		1327	1040					
77	\$	1004	1340	1058		1351	1058					
78	\$	1020	1358	1077		1369	1077					
79	\$	1035	1378	1093		1389	1093					
80	\$	1050	1395	1110		1406	1110					

## RESERVE NATIONAL INSURANCE COMPANY

MAILING ADDRESS 6100 NW GRAND BLVD

CITY OKLAHOMA CITY STATE OK ZIP 73118

TELEPHONE (800) 654-9106

DESCRIPTION OF PRE-  
EXISTING CONDITION  
EXCLUSION

**6 MONTHS**

DESCRIPTION OF \_\_\_\_\_ NOTES \_\_\_\_\_  
UNINSURED BENEFITS

### DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

### RATING METHODS

ATTAINED AGE   
ISSUE AGE   
COMMUNITY RATED

### AVAILABILITY

GUARANTEED ISSUE   
UNDERWRITTEN

### MARKETING APPROACH

AGENT MARKETED   
DIRECT MAIL

**RESERVE NATIONAL INSURANCE COMPANY****Annual Rates  
Non-smoker**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
65	\$ 555.85	900.85	1069.20			1279.55						
66	\$ 555.85	900.85	1069.20			1279.55						
67	\$ 555.85	900.85	1069.20			1279.55						
68	\$ 555.85	900.85	1069.20			1279.55						
69	\$ 555.85	900.85	1069.20			1279.55						
70	\$ 645.85	1033.90	1264.10			1505.85						
71	\$ 645.85	1033.90	1264.10			1505.85						
72	\$ 645.85	1033.90	1264.10			1505.85						
73	\$ 645.85	1033.90	1264.10			1505.85						
74	\$ 645.85	1033.90	1264.10			1505.85						
75	\$ 1738.60	1168.05	1460.60			1731.60						
76	\$ 738.60	1168.05	1460.60			1731.60						
77	\$ 1738.60	1168.05	1460.60			1731.60						
78	\$ 738.60	1168.05	1460.60			1731.60						
79	\$ 738.60	1168.05	1460.60			1731.60						
80	\$ 1867.20	1361.80	1712.85			2026.40						

**RESERVE NATIONAL INSURANCE COMPANY****Annual Rates  
Smoker**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 595.60	966.00	1144.85			1371.15						
66	\$ 595.60	966.00	1144.85			1371.15						
67	\$ 595.60	966.00	1144.85			1371.15						
68	\$ 595.60	966.00	1144.85			1371.15						
69	\$ 595.60	966.00	1144.85			1371.15						
70	\$ 690.00	1106.7	1353.50			1612.40						
71	\$ 690.00	1106.7	1353.50			1612.40						
72	\$ 690.00	1106.7	1353.50			1612.40						
73	\$ 690.00	1106.7	1353.50			1612.40						
74	\$ 690.00	1106.7	1353.50			1612.40						
75	\$ 788.25	1248.0	1561.05			1850.85						
76	\$ 788.25	1248.0	1561.05			1850.85						
77	\$ 788.25	1248-	1561.05			1850.85						
78	\$ 788.25	1248.0	1561.05			1850.85						
79	\$ 788.25	1248.0	1561.05			1850.85						
80	\$ 926.80	1455.0	1832.10			2166.60						

## STANDARD LIFE AND ACCIDENT INSURANCE CO

MAILING ADDRESS ONE MOODY PLAZA

CITY GALVESTON STATE TX ZIP 77550

TELEPHONE (888) 350-1488

DESCRIPTION OF PRE- \_\_\_\_\_ DESCRIPTION OF \_\_\_\_\_ NOTES \_\_\_\_\_  
EXISTING CONDITION UNINSURED BENEFITS  
EXCLUSION

### DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**STANDARD LIFE & ACCIDENT INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	725.40	1205.29	1467.91	851.36	992.87	1536.68	950.81				524.66	
65	\$	752.40	1205.29	1467.91	851.36	992.87	1536.68	950.81				524.66	
66	\$	778.80	1247.80	1519.52	873.00	1027.79	1590.73	984.26				243.11	
67	\$	860.52	1290.30	1572.65	903.54	1063.72	1646.33	1018.65				562.09	
68	\$	831.96	1335.84	1628.82	935.42	1100.64	1703.47	1053.27				581.60	
69	\$	863.28	1381.38	1684.98	973.07	1139.56	1763.70	1087.98				602.17	
70	\$	889.68	1423.88	1736.59	1010.58	1173.48	1816.21	1123.17				620.10	
71	\$	917.40	1467.91	1788.20	1050.64	1209.41	1871.81	1161.25				639.08	
72	\$	943.80	1510.42	1842.85	1093.24	1245.33	1927.42	1202.88				658.07	
73	\$	967.58	1548.36	1888.39	1140.65	1277.26	1976.83	1246.56				674.93	
74	\$	992.64	1586.32	1936.97	1193.96	1308.19	2024.71	1295.84				691.89	
75	\$	1016.40	1627.30	1984.03	1247.15	1341.12	2075.88	1347.36				708.69	
76	\$	1042.80	1668.29	2034.12	1303.14	1374.05	2126.64	1400.47				726.08	
77	\$	1063.92	1700.16	2075.11	1363.82	1401.99	2169.89	1457.59				740.85	
78	\$	1085.04	1735.08	2116.09	1426.79	1429.93	2213.12	1518.07				755.62	
79	\$	1106.16	1769.99	2158.60	1492.30	1458.87	2257.91	1583.68				770.91	
80	\$	1128.60	1804.91	2201.10	1562.75	1488.80	2304.24	1653.12				786.72	

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

**MAILING ADDRESS** ONE STATE FARM PLAZA, B-1

**CITY** BLOOMINGTON      **STATE IN**      **ZIP** 61710

**TELEPHONE** (309) 735-8480

DESCRIPTION OF PRE- EXISTING EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	NOTES

## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) _____	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION) _____	AMOUNT #2 _____
PREMIUM DISCOUNT #3 (DESCRIPTION) _____	AMOUNT #3 _____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY      Annual Rates**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 913.90	1378.20	1584.90			1584.90						
65	\$ 580.20	875.10	1006.30			1006.30						
66	\$ 580.20	875.10	1006.30			1006.30						
67	\$ 580.20	875.10	1006.30			1006.30						
68	\$ 580.20	875.10	1006.30			1006.30						
69	\$ 580.20	875.10	1006.30			1006.30						
70	\$ 725.30	1093.80	1257.90			1257.90						
71	\$ 725.30	1093.80	1257.90			1257.90						
72	\$ 725.30	1093.80	1257.90			1257.90						
73	\$ 725.30	1093.80	1257.90			1257.90						
74	\$ 725.30	1093.80	1257.90			1257.90						
75	\$ 870.30	1312.60	1509.50			1509.50						
76	\$ 870.30	1312.60	1509.50			1509.50						
77	\$ 870.30	1312.60	1509.50			1509.50						
78	\$ 870.30	1312.60	1509.50			1509.50						
79	\$ 870.30	1312.60	1509.50			1509.50						
80	\$ 870.30	1312.60	1509.50			1509.50						

**STATE MUTUAL INSURANCE COMPANY****MAILING ADDRESS** 11817 EAGLE DRIVE

CITY WOODSTOCK STATE GA ZIP 30189-2307

TELEPHONE (800)321-0102

DESCRIPTION OF PRE- EXISTING CONDITION EXCLUSION	<b>6 MONTHS</b>	DESCRIPTION OF _____ UNINSURED BENEFITS	NOTES	<b>STANDARD RATE CLASS</b>
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DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION)	_____	AMOUNT	_____
PREMIUM DISCOUNT #2 (DESCRIPTION)	_____	AMOUNT #2	_____
PREMIUM DISCOUNT #3 (DESCRIPTION)	_____	AMOUNT #3	_____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

## **STATE MUTUAL INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400-402,  
417,420**

AGE		A	B	C	D	E	F	G	H	I	J	F*	J*
<65	\$	1112	1601	1830	1780		1897						
65	\$	667	903	1079	997		1119						
66	\$	742	1007	1198	1114		1243						
67	\$	818	1112	1315	1230		1366						
68	\$	853	1163	1370	1285		1422						
69	\$	887	1212	1424	1342		1477						
70	\$	922	1263	475	1399		1530						
71	\$	955	1312	1527	1454		1586						
72	\$	988	1360	1577	1505		1638						
73	\$	1017	1405	1628	1557		1690						
74	\$	1046	1451	1675	1608		1740						
75	\$	1073	1493	1721	1656		1787						
76	\$	1099	1505	1766	1708		1831						
77	\$	1123	1573	1807	1744		1875						
78	\$	1142	1608	1844	1784		1913						
79	\$	1162	1639	1888	1819		1950						
80	\$	1178	1670	1913	1854		1984						

**STATE MUTUAL INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403-416,  
421-424,427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1001	1441	1647	1602		1707						
65	\$ 600	813	971	897		1007						
66	\$ 668	906	1078	1003		1119						
67	\$ 736	1001	1184	1107		1229						
68	\$ 768	1047	1233	1157		1280						
69	\$ 798	1091	1282	1208		1329						
70	\$ 830	1137	1328	1259		1377						
71	\$ 860	1181	1374	1309		1427						
72	\$ 889	1224	1419	1355		1474						
73	\$ 915	1265	1465	1401		1521						
74	\$ 941	1306	1508	1447		1566						
75	\$ 966	1344	1549	1490		1608						
76	\$ 989	1382	1589	1530		1648						
77	\$ 1011	1416	1626	1570		1688						
78	\$ 1028	1447	1660	1606		1722						
79	\$ 1046	1475	1692	1637		1755						
80	\$ 1060	1503	1722	1669		1786						

**STATE MUTUAL INSURANCE COMPANY**

**Annual Rates  
All Zip Codes  
EXCEPT:  
400-417,  
420-424,427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	890	1281	1464	1424		1518						
65	534	722	863	798		895						
66	594	806	958	891		994						
67	654	890	1052	984		1093						
68	682	930	1096	1028		1138						
69	710	970	1139	1074		1182						
70	738	1010	1180	1119		1224						
71	764	1050	1222	1163		1269						
72	790	1088	1262	1204		1310						
73	814	1124	1302	1246		1352						
74	837	1161	1340	1286		1392						
75	858	1194	1377	1325		1430						
76	879	1228	1413	1360		1465						
77	898	1258	1446	1395		1500						
78	914	1286	1475	1427		1530						
79	930	1311	1504	1455		1560						
80	942	1336	1530	1483		1587						

**STATE MUTUAL INSURANCE COMPANY****MAILING ADDRESS** 11817 EAGLE DRIVE**CITY** WOODSTOCK      **STATE** GA      **ZIP** 30189-2307**TELEPHONE** (800)321-0102

**DESCRIPTION OF PRE- 6 MONTHS EXISTING CONDITION EXCLUSION**      **DESCRIPTION OF UNINSURED BENEFITS**      **NOTES PREFERRED RATE CLASS**

**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<b><u>RATING METHODS</u></b>	<b><u>AVAILABILITY</u></b>	<b><u>MARKETING APPROACH</u></b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**STATE MUTUAL INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
403-416,  
421-424,427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1112	1601	1830	1780		1897						
65	\$ 667	903	1079	997		1119						
66	\$ 680	923	1198	1020		1139						
67	\$ 693	943	1116	1044		1159						
68	\$ 724	986	1162	1091		1207						
69	\$ 753	1029	1208	1139		1252						
70	\$ 782	1071	1251	1186		1299						
71	\$ 810	1113	1295	1232		1345						
72	\$ 837	1153	1339	1277		1390						
73	\$ 863	1192	1381	1321		1433						
74	\$ 887	1231	1421	1362		1475						
75	\$ 911	1265	1461	1405		1515						
76	\$ 933	1301	1497	1444		1553						
77	\$ 953	1334	1533	1479		1589						
78	\$ 969	1364	1565	1513		1622						
79	\$ 986	1391	1595	1543		1655						
80	\$ 1000	1416	1622	1572		1682						

**STATE MUTUAL INSURANCE COMPANY**

**Annual Rates  
All Zip Codes  
EXCEPT:  
400-417,  
420-424,427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	890	1281	1464	1424		1518						
65	534	722	863	798		895						
66	544	738	878	816		911						
67	554	754	893	835		927						
68	579	789	930	873		966						
69	602	823	966	911		1002						
70	626	857	1001	949		1039						
71	648	890	1036	986		1076						
72	670	922	1071	1022		1112						
73	690	954	1105	1057		1146						
74	710	985	1137	1090		1180						
75	729	1012	1169	1124		1212						
76	746	1041	1198	1155		1242						
77	762	1067	1226	1183		1271						
78	775	1091	1252	1210		1298						
79	789	1113	1276	1234		13245						
80	800	1133	1298	1258		1346						

**STERLING INVESTORS LIFE INSURANCE COMPANY****MAILING ADDRESS** 33 NORTH GARDEN AVE STE 1100**CITY** CLEARWATER **STATE** FL **ZIP** 33755-6606**TELEPHONE** (877) 777-2443

DESCRIPTION OF PRE- EXISTING CONDITION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
EXCLUSION		

**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Male  
Smoker  
Zip Codes:  
400-417,  
420-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1187	1609	1884	1784		1940						
65	\$	793	1031	1232	1135		1269						
66	\$	793	1031	1232	1135		1269						
67	\$	793	1031	1232	1135		1269						
68	\$	829	1082	1288	1191		1327						
69	\$	866	1133	1343	1247		1385						
70	\$	902	1183	1399	1303		1442						
71	\$	937	1232	1455	1358		1499						
72	\$	971	1281	1509	1413		1555						
73	\$	1004	1328	1563	1466		1610						
74	\$	1036	1375	1615	1518		1663						
75 .	\$	1067	1419	1666	1568		1716						
76	\$	1094	1462	1714	1616		1765						
77	\$	1121	1503	1761	1662		1813						
78	\$	1145	1540	1804	1706		1858						
79	\$	1167	1576	1846	1746		1901						
80	\$	1187	1609	1884	1784		1940						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Smoker  
Zip Codes:  
400-417,  
420-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1033	1400	1604	1552		1689						
65	\$	690	898	1073	988		1104						
66	\$	690	898	1073	988		1104						
67	\$	690	898	1073	988		1104						
68	\$	722	942	1121	1037		1155						
69	\$	753	986	1169	1086		1205						
70	\$	785	1030	1218	1134		1255						
71	\$	816	1072	1266	1182		1304						
72	\$	845	1115	1314	1229		1353						
73	\$	875	1156	1360	1276		1401						
74	\$	902	1197	1405	1321		1448						
75 .	\$	928	1235	1450	1365		1493						
76	\$	953	1273	1492	1407		1536						
77	\$	975	1330	1533	1446		1578						
78	\$	996	1341	1571	1484		1617						
79	\$	1016	1372	1606	1519		1654						
80	\$	1033	1400	1640	1522		1689						

**STERLING INVESTORS LIFE INSURANCE COMPANY****Annual Rates****Male****Non-smoker****Zip Codes:****400-417,****420-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1010	1370	1604	1519		1652						
65	\$	675	878	1049	966		1081						
66	\$	675	878	1049	966		1081						
67	\$	675	878	1049	966		1081						
68	\$	706	922	1096	1014		1130						
69	\$	737	965	1145	1062		1179						
70	\$	768	1007	1192	1110		1228						
71	\$	798	1049	1238	1156		1277						
72	\$	827	1091	1285	1203		1324						
73	\$	855	1131	1331	1249		1371						
74	\$	882	1170	1375	1292		1417						
75 .	\$	908	1208	1419	1335		1461						
76	\$	932	1245	1460	1376		1504						
77	\$	954	1280	1499	1415		1544						
78	\$	975	1311	1536	1452		1582						
79	\$	994	1342	1571	1487		1619						
80	\$	1010	1370	1604	1519		1652						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
400-417,  
420-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	879	1192	1396	1322		1438						
65	\$	587	764	913	841		941						
66	\$	587	764	913	841		941						
67	\$	587	764	913	841		941						
68	\$	615	802	954	882		983						
69	\$	642	840	996	924		1026						
70	\$	668	877	1038	965		1069						
71	\$	695	913	1078	1006		1111						
72	\$	720	949	1119	1047		1152						
73	\$	744	985	1159	1086		1193						
74	\$	768	1019	1197	1125		1233						
75.	\$	790	1051	1235	1162		1272						
76	\$	811	1083	1270	1198		1308						
77	\$	831	1114	1304	1232		1344						
78	\$	849	1141	1337	1264		1377						
79	\$	865	1168	1368	1294		1408						
80	\$	879	1192	1396	1322		1438						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Male  
Smoker  
Zip Codes:  
403-416,  
421-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1335	1810	2119	2007		2182						
65	\$	892	1160	1386	1277		1427						
66	\$	892	1160	1386	1277		1427						
67	\$	892	1160	1386	1277		1427						
68	\$	933	1218	1449	1339		1493						
69	\$	974	1274	1511	1403		1558						
70	\$	1014	1331	1574	1466		1622						
71	\$	1054	1386	1637	1528		1686						
72	\$	1092	1441	1698	1589		1750						
73	\$	1130	1494	1759	1649		1811						
74	\$	1166	1546	1817	1707		1871						
75.	\$	1200	1596	1874	1764		1930						
76	\$	1231	1645	1929	1819		1986						
77	\$	1261	1690	1981	1870		2040						
78	\$	1288	1733	2030	1919		2091						
79	\$	1313	1773	2076	1964		2138						
80	\$	1335	1810	2119	2007		2182						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Smoker  
Zip Codes:  
403-416,  
421-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1162	1575	1845	1746		1900						
65	\$	776	1010	1207	1112		1242						
66	\$	776	1010	1207	1112		1242						
67	\$	776	1010	1207	1112		1242						
68	\$	813	1060	1261	1166		1299						
69	\$	848	1109	1316	1221		1356						
70	\$	883	1158	1371	1275		1412						
71	\$	918	1206	1425	1330		1468						
72	\$	951	1255	1478	1383		1523						
73	\$	984	1301	1530	1435		1577						
74	\$	1014	1346	1581	1486		1629						
75.	\$	1044	1390	1631	1536		1680						
76	\$	1072	1432	1679	1583		1729						
77	\$	1097	1471	1724	1627		1776						
78	\$	1121	1509	1767	1670		1819						
79	\$	1143	1543	1807	1709		1861						
80	\$	1162	1575	1845	1746		1900						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Male  
Non-smoker  
Zip Codes:  
403-416,  
421-424,427**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1137	1541	1804	1708		1859						
65	\$	760	988	1180	1087		1216						
66	\$	760	988	1180	1087		1216						
67	\$	760	988	1180	1087		1216						
68	\$	794	1037	1234	1141		1271						
69	\$	829	1085	1288	1194		1326						
70	\$	864	1133	1341	1248		1381						
71	\$	897	1180	1393	1301		1436						
72	\$	931	1227	1446	1353		1489						
73	\$	962	1273	1497	1405		1543						
74	\$	993	1316	1547	1454		1594						
75.	\$	1021	1359	1596	1502		1644						
76	\$	1048	1400	1642	1548		1692						
77	\$	1074	1440	1687	1592		1737						
78	\$	1097	1475	1729	1633		1780						
79	\$	1118	1509	1768	1673		1821						
80	\$	1137	1541	1804	1708		1859						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
403-416,  
421-424, 427**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 989	1341	1571	1487		1618						
65	\$ 661	860	1027	946		1058						
66	\$ 661	860	1027	946		1058						
67	\$ 661	860	1027	946		1058						
68	\$ 691	903	1074	993		1106						
69	\$ 722	945	1120	1040		1154						
70	\$ 752	986	1167	1086		1202						
71	\$ 781	1028	1213	1132		1250						
72	\$ 810	1068	1259	1178		1296						
73	\$ 837	1108	1303	1222		1343						
74	\$ 864	1146	1346	1266		1387						
75	\$ 889	1183	1389	1307		1431						
76	\$ 912	1219	1429	1348		1472						
77	\$ 935	1253	1468	1385		1512						
78	\$ 955	1284	1504	1422		1550						
79	\$ 973	1314	1539	1455		1584						
80	\$ 989	1341	1857	1487		1618						

**STERLING INVESTORS LIFE INSURANCE COMPANY**

**Annual Rates  
Female  
Non-smoker  
Zip Codes:  
400-402,417,  
420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1099	1490	1745	1652		1797						
65	\$	734	955	1141	1051		1176						
66	\$	734	955	1141	1051		1176						
67	\$	734	955	1141	1051		1176						
68	\$	768	1003	1193	1103		1229						
69	\$	802	1050	1245	1155		1282						
70	\$	835	1096	1297	1207		1336						
71	\$	868	1142	1347	1258		1389						
72	\$	900	1186	1399	1309		1440						
73	\$	930	1231	1448	1358		1492						
74	\$	960	1274	1496	1407		1541						
75.	\$	987	1314	1543	1452		1590						
76	\$	1014	1354	1588	1498		1635						
77	\$	1039	1392	1631	1539		1680						
78	\$	1061	1427	1671	1580		1722						
79	\$	1082	1460	1710	1617		1761						

**STERLING INVESTORS LIFE INSURANCE COMPANY****Annual Rates****Female****Smoker****Zip Codes:****400-402,417,****420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1291	1750	2050	1940		2111						
65	\$	862	1122	1341	1235		1380						
66	\$	862	1122	1341	1235		1380						
67	\$	862	1122	1341	1235		1380						
68	\$	903	1178	1401	1296		1443						
69	\$	942	1232	1462	1357		1506						
70	\$	982	1287	1523	1417		1568						
71	\$	1019	1341	1583	1477		1631						
72	\$	1056	1394	1642	1536		1692						
73	\$	1093	1445	1700	1595		1752						
74	\$	1127	1496	1757	1651		1810						
75.	\$	1160	1544	1812	1706		1866						
76	\$	1191	1591	1865	1759		1921						
77	\$	1219	1634	1916	1808		1973						
78	\$	1245	1676	1963	1856		2021						
79	\$	1270	1715	2008	1899		2068						
80	\$	1291	1750	2050	1940		2111						

**STERLING INVESTORS LIFE INSURANCE COMPANY****Annual Rates****Male****Non-smoker****Zip Codes:****400-402,417,****420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1263	1712	2005	1898		2065						
65	\$	844	1098	1311	1208		1351						
66	\$	844	1098	1311	1208		1351						
67	\$	844	1098	1311	1208		1351						
68	\$	883	1152	1371	1268		1412						
69	\$	922	1206	1431	1327		1473						
70	\$	960	1259	1490	1387		1535						
71	\$	997	1311	1548	1445		1596						
72	\$	1034	1364	1606	1504		1655						
73	\$	1069	1414	1664	1561		1714						
74	\$	1103	1463	1719	1615		1771						
75.	\$	1135	1510	1773	1669		1827						
76	\$	1165	1556	1825	1720		1880						
77	\$	1193	1600	1874	1769		1930						
78	\$	1219	1639	1921	1815		1978						
79	\$	1243	1677	1964	1859		2023						
80	\$	1263	1712	2005	1898		2065						

**STERLING INVESTORS LIFE INSURANCE COMPANY****Annual Rates****Male****Smoker****Zip Codes:****400-402,417,****420**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1483	2011	2355	2230		2425						
65	\$	991	1289	1540	1419		1586						
66	\$	991	1289	1540	1419		1586						
67	\$	991	1289	1540	1419		1586						
68	\$	1037	1353	1610	1488		1658						
69	\$	1082	1416	1679	1559		1731						
70	\$	1127	1478	1749	1629		1803						
71	\$	1171	1540	1819	1697		1873						
72	\$	1214	1601	1886	1766		1944						
73	\$	1256	1660	1954	1833		2013						
74	\$	1295	1718	2019	1897		2079						
75.	\$	1333	1774	2082	1960		2145						
76	\$	1368	1828	2143	2021		2207						
77	\$	1401	1878	2201	2077		2266						
78	\$	1432	1925	2255	2132		2323						
79	\$	1458	1970	2307	2183		2376						
80	\$	1483	2011	2355	2230		2425						

**STERLING LIFE INSURANCE COMPANY****MAILING ADDRESS** P O BOX 5348**CITY** BELLINGHAM      **STATE WA**      **ZIP** 98227-5348**TELEPHONE** (360) 647-9080

DESCRIPTION OF PRE- EXISTING CONDITION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
EXCLUSION		

**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)	AMOUNT
PREMIUM DISCOUNT #2 (DESCRIPTION)	AMOUNT #2
PREMIUM DISCOUNT#3 (DESCRIPTION)	AMOUNT #3

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**STERLING LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1446	1801	2018			2021						
65	\$	886	1079	1229			1231						
66	\$	886	1079	1229			1231						
67	\$	886	1079	1229			1231						
68	\$	886	1079	1229			1231						
69	\$	886	1079	1229			1231						
70	\$	1055	1303	1499			1502						
71	\$	1055	1303	1499			1502						
72	\$	1055	1303	1499			1502						
73	\$	1055	1303	1499			1502						
74	\$	1055	1303	1499			1502						
75	\$	1233	1549	1829			1832						
76	\$	1233	1549	1829			1832						
77	\$	1233	1549	1829			1832						
78	\$	1233	1549	1829			1832						
79	\$	1233	1549	1829			1832						
80	\$	1361	1774	2204			2209						

**STERLING LIFE INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1323	1745	1949			1953						
65	\$	768	986	1120			1122						
66	\$	768	986	1120			1122						
67	\$	768	986	1120			1122						
68	\$	768	986	1120			1122						
69	\$	768	986	1120			1122						
70	\$	938	1223	1400			1403						
71	\$	938	1223	1400			1403						
72	\$	938	1223	1400			1403						
73	\$	938	1223	1400			1403						
74	\$	938	1223	1400			1403						
75	\$	1115	1485	1736			1739						
76	\$	1115	1485	1736			1739						
77	\$	1115	1485	1736			1739						
78	\$	1115	1485	1736			1739						
79	\$	1115	1485	1736			1739						
80	\$	1228	1706	2081			2085						

**STERLING LIFE INSURANCE COMPANY****Annual Rates  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1446	1801	2018			2021						
65	\$	794	811	948			951						
66	\$	794	811	948			951						
67	\$	794	811	948			951						
68	\$	794	811	948			951						
69	\$	794	811	948			951						
70	\$	945	967	1147			1150						
71	\$	945	967	1147			1150						
72	\$	945	967	1147			1150						
73	\$	945	967	1147			1150						
74	\$	945	967	1147			1150						
75	\$	1103	1132	1388			1391						
76	\$	1103	1132	1388			1391						
77	\$	1103	1132	1388			1391						
78	\$	1103	1132	1388			1391						
79	\$	1103	1132	1388			1391						
80	\$	1206	1244	1637			1641						

**STERLING LIFE INSURANCE COMPANY****Annual Rates  
Medicare  
Select**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	1323	1745	1949			1953						
65	\$	719	852	979			981						
66	\$	719	852	979			981						
67	\$	719	852	979			981						
68	\$	729	852	979			981						
69	\$	729	852	979			981						
70	\$	873	1048	1214			1216						
71	\$	873	1048	1214			1216						
72	\$	873	1048	1214			1216						
73	\$	873	1048	1214			1216						
74	\$	873	1048	1214			1216						
75	\$	1033	1258	1493			1496						
76	\$	1033	1258	1493			1496						
77	\$	1033	1258	1493			1496						
78	\$	1033	1258	1493			1496						
79	\$	1033	1258	1493			1496						
80	\$	1160	1457	1814			1818						

## **UNICARE LIFE AND HEALTH INSURANCE COMPANY**

**MAILING ADDRESS** 2100 CORPORATE CENTER DRIVE  
**CITY** NEWBURY PARK      **STATE CA**      **ZIP** 91320-  
**TELEPHONE** (888) 286-4227

**DESCRIPTION OF PRE-EXISTING EXCLUSION**      **DESCRIPTION OF UNINSURED BENEFITS**      **"SENIOR PASSPORT" NOTES SAVINGS PROGRAM**

### **DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION)      AMOUNT \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION)      AMOUNT #2 \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION)      AMOUNT #3 \_\_\_\_\_

<b><u>RATING METHODS</u></b>	<b><u>AVAILABILITY</u></b>	<b><u>MARKETING APPROACH</u></b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**UNICARE LIFE AND HEALTH INSURANCE COMPANY**

**Annual Rates  
Zip Codes:  
400-402**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 2304											
65	\$ 660	804	1104			1116						
66	\$ 660	804	1104			1116						
67	\$ 660	804	1104			1116						
68	\$ 660	804	1104			1116						
69	\$ 660	804	1104			1116						
70	\$ 756	948	1308			1320						
71	\$ 756	948	1308			1320						
72	\$ 756	948	1308			1320						
73	\$ 756	948	1308			1320						
74	\$ 756	948	1308			1320						
75	\$ 804	1056	1452			1464						
76	\$ 804	1056	1452			1464						
77	\$ 804	1056	1452			1464						
78	\$ 804	1056	1452			1464						
79	\$ 804	1056	1452			1464						
80	\$ 804	1104	1536			1548						

**UNICARE LIFE AND HEALTH INSURANCE COMPANY****Annual Rates  
All other Zip Codes**

<b>AG</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$ 1872											
65	\$ 588	732	1044			1056						
66	\$ 588	732	1044			1056						
67	\$ 588	732	1044			1056						
68	\$ 588	732	1044			1056						
69	\$ 588	732	1044			1056						
70	\$ 672	876	1236			1236						
71	\$ 672	876	1236			1236						
72	\$ 672	876	1236			1236						
73	\$ 672	876	1236			1236						
74	\$ 672	876	1236			1236						
75	\$ 720	984	1368			1380						
76	\$ 720	984	1368			1380						
77	\$ 720	984	1368			1380						
78	\$ 720	984	1368			1380						
79	\$ 720	984	1368			1380						
80	\$ 720	1032	1452			1464						

**UNITED HEALTHCARE INSURANCE COMPANY**

**MAILING ADDRESS** PO BOX 130  
**CITY** MONTGOMERYVJLLE      **STATE** PA    **ZIP** 18936-0130  
**TELEPHONE** (800) 523-5800

<b>DESCRIPTION OF PRE-EXISTING EXCLUSION</b>	<b>3 MONTHS</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>NOTES</b>	<b>PLANS H,I,J ONLY</b>
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DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) ELECTRONIC FUNDS TRANSFER	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION) ANNUAL PAY	AMOUNT #2 _____
PREMIUM DISCOUNT #3 (DESCRIPTION) LOYALTY PROGRAM	AMOUNT #3 _____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input checked="" type="checkbox"/>		

**UNITED HEALTHCARE INSURANCE COMPANY****ANNUAL RATES**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
65	\$							1917.00	1929.00	2595.00		
66	\$							1917.00	1929.00	2595.00		
67	\$							1917.00	1929.00	2595.00		
68+	\$							2108.64	2121.84	2854.44		

# UNITED HEALTHCARE INSURANCE COMPANY

MAILING ADDRESS                    PO BOX 130  
CITY                                 MONTGOMERYVILLE                    STATE PA                    ZIP 18936-0130  
TELEPHONE                         (800) 523-5800

DESCRIPTION OF PRE-EXISTING EXCLUSION	3 MONTHS	DESCRIPTION OF UNINSURED BENEFITS	NOTES MEDICARE SELECT
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## DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) ELECTRONIC FUNDS TRANSFER	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION) ANNUAL PAY	AMOUNT #2 _____
PREMIUM DISCOUNT #3 (DESCRIPTION) LOYALTY PROGRAM	AMOUNT #3 _____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input checked="" type="checkbox"/>		

**UNITED HEALTHCARE INSURANCE COMPANY****ANNUAL RATES**

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$ 834.00	1224.00	1386.00	1239.00	1230.00	1437.00	1293.00					
66	\$ 834.00	1224.00	1386.00	1239.00	1230.00	1437.00	1293.00					
67	\$ 834.00	1224.00	1386.00	1239.00	1230.00	1437.00	1293.00					
68+	\$ 917.40	1346.40	1524.60	1362.84	1353.00	1580.64	1422.24					

**UNITED HEALTHCARE INSURANCE COMPANY**

**MAILING ADDRESS** PO BOX 130  
**CITY** MONTGOMERYVILLE  
**TELEPHONE** (800) 523-5800      **STATE** PA    **ZIP** 18936-0130

<b>DESCRIPTION OF PRE- 3 MONTHS EXISTING EXCLUSION</b>	<b>DESCRIPTION OF UNINSURED BENEFITS</b>	<b>NOTES</b>	<b>PLANS H,I,J ONLY</b>
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) ELECTRONIC FUNDS TRANSFER	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION) ANNUAL PAY	AMOUNT #2 _____
PREMIUM DISCOUNT #3 (DESCRIPTION) LOYALTY PROGRAM	AMOUNT #3 _____

<u><b>RATING METHODS</b></u>	<u><b>AVAILABILITY</b></u>	<u><b>MARKETING APPROACH</b></u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input checked="" type="checkbox"/>		

**UNITED HEALTHCARE INSURANCE COMPANY****ANNUAL RATES**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
65	\$							1917.00	1929.00	2595.00		
66	\$							1917.00	1929.00	2595.00		
67	\$							1917.00	1929.00	2595.00		
68+	\$							2108.64	2121.84	2854.44		

**UNITED HEALTHCARE INSURANCE COMPANY**

**MAILING ADDRESS** PO BOX 130  
**CITY** MONTGOMERYVILLE  
**TELEPHONE** (800) 523-5800      **STATE** PA    **ZIP** 18936-0130

**DESCRIPTION OF PRE- 3 MONTHS EXISTING EXCLUSION**      **DESCRIPTION OF UNINSURED BENEFITS**      **NOTES MEDICARE SELECT**

DISCOUNTS (if available)

PREMIUM DISCOUNT #1 (DESCRIPTION) **ELECTRONIC FUNDS TRANSFER**      **AMOUNT** \_\_\_\_\_  
PREMIUM DISCOUNT #2 (DESCRIPTION) **ANNUAL PAY**      **AMOUNT #2** \_\_\_\_\_  
PREMIUM DISCOUNT #3 (DESCRIPTION) **LOYALTY PROGRAM**      **AMOUNT #3** \_\_\_\_\_

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input checked="" type="checkbox"/>		

## **UNITED HEALTHCARE INSURANCE COMPANY**

## ANNUAL RATES

<b>AGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
65	\$					1077.00						
66	\$					1077.00						
67	\$					1077.00						
68+	\$					1184.76						

**USAA INSURANCE COMPANY**

MAILING ADDRESS                    9800 FREDERICKSBURG RD  
CITY                                    SAN ANTONIO STATE TX ZIP 78288-  
TELEPHONE                            (800) 531-8000

DESCRIPTION OF PRE-EXISTING EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	NOTES
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) _____	AMOUNT _____
PREMIUM DISCOUNT #2 (DESCRIPTION) _____	AMOUNT #2 _____
PREMIUM DISCOUNT #3 (DESCRIPTION) _____	AMOUNT #3 _____

<u>RATING METHODS</u>	<u>AVAILABILITY</u>	<u>MARKETING APPROACH</u>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input checked="" type="checkbox"/>	AGENT MARKETED <input type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input checked="" type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**USAA LIFE INSURANCE COMPANY****ANNUAL RATES**

AGE	A	B	C	D	E	F	G	H	I	J	F*	J*
<65	\$ 636.48			1038.36		1217.88	1013.88					
65	\$ 636.48			1038.36		1217.88	1013.88					
66	\$ 636.48			1038.36		1217.88	1013.88					
67	\$ 636.48			1038.36		1217.88	1013.88					
68	\$ 636.48			1038.36		1217.88	1013.88					
69	\$ 636.48			1038.36		1217.88	1013.88					
70	\$ 701.76			1152.60		1344.36	1119.96					
71	\$ 701.76			1152.60		1344.36	1119.96					
72	\$ 701.76			1152.60		1344.36	1119.96					
73	\$ 701.76			1152.60		1344.36	1119.96					
74	\$ 701.76			1152.60		1344.36	1119.96					
75	\$ 756.84			1238.28		1448.40	1205.64					
76	\$ 756.84			1238.28		1448.40	1205.64					
77	\$ 756.84			1238.28		1448.40	1205.64					
78	\$ 756.84			1238.28		1448.40	1205.64					
79	\$ 756.84			1238.28		1448.40	1205.64					
80	\$ 801.72			1315.80		1536.12	1279.08					

**WORLD INSURANCE COMPANY**

**MAILING ADDRESS** PO BOX 3160  
**CITY** OMAHA  
**TELEPHONE** (800) 786-7557      **STATE** NE    **ZIP** 68103-0161

DESCRIPTION OF PRE-EXISTING EXCLUSION	DESCRIPTION OF UNINSURED BENEFITS	DRUG DISCOUNT CARD-DISCOUNT VARIES	NOTES
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**DISCOUNTS (if available)**

PREMIUM DISCOUNT #1 (DESCRIPTION) \_\_\_\_\_ AMOUNT \_\_\_\_\_

PREMIUM DISCOUNT #2 (DESCRIPTION) \_\_\_\_\_ AMOUNT #2 \_\_\_\_\_

PREMIUM DISCOUNT #3 (DESCRIPTION) \_\_\_\_\_ AMOUNT #3 \_\_\_\_\_

<b><u>RATING METHODS</u></b>	<b><u>AVAILABILITY</u></b>	<b><u>MARKETING APPROACH</u></b>
ATTAINED AGE <input checked="" type="checkbox"/>	GUARANTEED ISSUE <input type="checkbox"/>	AGENT MARKETED <input checked="" type="checkbox"/>
ISSUE AGE <input type="checkbox"/>	UNDERWRITTEN <input checked="" type="checkbox"/>	DIRECT MAIL <input type="checkbox"/>
COMMUNITY RATED <input type="checkbox"/>		

**WORLD INSURANCE COMPANY****Annual Rates**

<b>AGE</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>F*</b>	<b>J*</b>
<65	\$	927.11											
65	\$	618.08		1051.31			1212.29						
66	\$	618.08		1051.31			1212.29						
67	\$	639.23		1093.60			1261.06						
68	\$	665.58		1145.25			1320.62						
69	\$	691.03		1195.91			1379.03						
70	\$	715.97		1245.85			1436.60						
71	\$	740.27		1294.76			1493.03						
72	\$	763.80		1342.40			1547.95						
73	\$	786.45		1388.46			1601.07						
74	\$	808.07		1432.66			1652.03						
75	\$	828.55		1474.72			1700.52						
76	\$	848.01		1514.94			1746.1						
77	\$	866.35		1553.14			1790.95						
78	\$	883.44		1589.08			1832.40						
79	\$	899.22		1622.57			1871.01						
80	\$	913.61		1653.39			1906.56						



**COMPANY ADDRESS AND PHONE CHART**

AFBA LIFE INSURANCE COMPANY	909 NORTH WASHINGTON ST	ALEXANDRIA	VA	22314-	(703) 706-5975
AMERICAN REPUBLIC INSURANCE COMPANY	PO BOX 1	DES MOINES	IA	50301-	(800) 943-2121
ANTHEM HEALTH PLANS OF KENTUCKY INC	9901 LINN STATION RD	LOUISVILLE	KY	40223-	(800) 824-3122
BANKERS FIDELITY LIFE INSURANCE COMPANY	4370 PEACHTREE RD NE PO BOX 105185	ATLANTA	GA	31119-0240	(800)241-1439
BANKERS LIFE AND CASUALTY COMPANY	222 MERCHANTISE MART PLAZA	CHICAGO	IL	60654-	(800)621-3724
CENTRAL BENEFITS NATIONAL LIFE INSURANCE CO	PO BOX 16526	COLUMBUS	OH	43216-	(888) 633-7871
CENTRAL STATES HEALTH & LIFE CO OF OMAHA	PO BOX 34350	OMAHA	NE	68134-0350	(800) 541-2363
COMBINED INSURANCE COMPANY OF AMERICA	5050 BROADWAY	CHICAGO	IL	60640-	(800) 544-5531
CONNECTICUT GENERAL LIFE INSURANCE CO	900 COTTAGE GROVE RD	HARTFORD	CT	06152-1038	(860) 226-5088
CONSECO DIRECT LIFE INSURANCE CO	399 MARKET STREET	PHILADELPHIA	PA	19181-	(800) 242-0807
CONSTITUTION LIFE INSURANCE CO	2536 COUNTRYSIDE BLVD	CLEARWATER	FL	33763	(727) 725-4190
CONTINENTAL GENERAL INSURANCE COMPANY	8901 INDIAN HILLS DRIVE PO BOX 24700	OMAHA	NE	68124-7007	(402) 397-3200
CONTINENTAL LIFE INSURANCE COMPANY	PO BOX 1188	BRENTWOOD	TN	37024-1188	(615)377-1300
EQUITABLE UFE AND CASUALTY INSURANCE	3 TRIAD CENTER SUITE 200	SALT LAKE CITY	UT	84180-	(800)352-5170
GE LIFE & ANNUITY ASSURANCE COMPANY	PO BOX 6700	LYNCHBURG	VA	24505-	(800) 225-6336
GUARANTEE TRUST LIFE INSURANCE COMPANY	1275 MILWAUKEE AVE	GLENVIEW	IL	60025-	(800) 323-6907
LIFE INVESTORS INSURANCE COMPANY OF AMERICA	520 PARK AVENUE	BALTIMORE	MD	21201-4500	(800) 752-9797
MONUMENTAL LIFE INSURANCE COMPANY	520 PARK AVENUE	BALTIMORE	MD	21201-4500	(800) 752-9797
MUTUAL OF OMAHA INSURANCE COMPANY	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175-	(800)775-6000
MUTUAL PROTECTIVE INSURANCE COMPANY	1515 SOUTH 75TH STREET	OMAHA	NE	68124-	(800) 228-6080
NATIONAL STATES INSURANCE COMPANY	1830 CRAIG PARK COURT STE 100	ST LOUIS	MO	63146-	(800) 868-6788
NATIONWIDE LIFE INSURANCE COMPANY	ONE NATIONWIDE PLAZA	COLUMBUS	OH	43215-2220	(800) 535-8600
ORDER OF UNITED COMMERCIAL	632.NORTH PARK STREET	COLUMBUS	OH	43215-	(800) 848-0123
OXFORD LIFE INSURANCE COMPANY	PO BOX 46518	MADISON	WI	53744-6518	(877)469-3073
PENNSYLVANIA LIFE INSURANCE CO	600 COURTLAND STREET	ORLANDO	FL	32804-1352	(800) 538-1053

PEOPLES BENEFIT LIFE INSURANCE COMPANY	20 MOORES RD	VALLEY FORGE	PA	19493-	(800) 356-6271
PHYSICIANS MUTUAL INSURANCE COMPANY	2600 DODGE STREET	OMAHA	NE	68131-	(800)228-9100
PYRAMID LIFE INSURANCE COMPANY	PO BOX 772	SHAWNEE MISSION	KS	66201-	(800)777-1126
RESERVE NATIONAL INSURANCE COMPANY	6100 NW GRAND BLVD	OKLAHOMA CITY	OK	73118-	(800) 654-9106
STANDARD LIFE AND ACCIDENT INSURANCE CO	2450 SOUTH SHORE BLVD SUITE 500	LEAGUE CITY	TX	77573-	(888) 290-1085
STATE FARM MUTUAL AUTOMOBILE INSURANCE CO	ONE STATE FARM PLAZA B-1	BLOOMINGTON	IL	61710-	(309)735-8480
STATE MUTUAL INSURANCE COMPANY	1817 EAGLE DRIVE	WOODSTOCK	GA	30189-2307	(800) 321-0102
STERLING INVESTORS LIFE INSURANCE COMPANY	33 NORTH GARDEN AVE STE 1100	CLEARWATER	FL	33755-6606	(877) 777-2443
STERLING LIFE INSURANCE COMPANY	P 0 BOX 5348	BELLINGHAM	WA	98227-5348	(360) 647-9080
UNICARE LIFE AND HEALTH INSURANCE COMPANY	11200 WESTHEIMER STE 800	HOUSTON	TX	77042-	(888) 286-4227
UNITED HEALTHCARE INSURANCE COMPANY	PO BOX 130	MONTGOMERYVILL	PA	18936-0130	(800)523-5800
USAA LIFE INSURANCE COMPANY	9800 FREDERICKSBURG ROAD	SAN ANTONIO	TX	78288-	(800)531-8000
WORLD INSURANCE COMPANY	PO BOX 3160	OMAHA	NE	68103-0161	(800) 786-7557